

Form **990**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> KAISER FOUNDATION HOSPITALS <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA, 15L City or town, state or country, and ZIP + 4 OAKLAND, CA 94612	<b>D Employer identification number</b> 94-1105628 <b>E Telephone number</b> (510) 271-6611
	<b>F Name and address of principal officer:</b> GEORGE C. HALVORSON ONE KAISER PLAZA, 15L OAKLAND, CA 94612		<b>G Gross receipts \$</b> 36142362883. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶
	<b>J Website:</b> ▶ N/A		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation:</b> 1948 <b>M State of legal domicile:</b> CA			

### Part I Summary

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	62,177
	6	Total number of volunteers (estimate if necessary)	6	7,617
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,453,099.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	94,067,998.	96,521,648.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14094879594.	15435355226.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,309,651.	-793,964,256.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,383,772.	57,337,762.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14469641015.	14795250380.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	64,726,281.	105,179,437.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,413,765,676.	5,723,244,756.
	b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,018,422,921.	8,537,370,446.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13496914878.	14365794639.
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12	972,726,137.	429,455,741.
	20	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26)	19586670905.	22753179736.
	22	Net assets or fund balances. Subtract line 21 from line 20	12446718410.	14835509031.

### Part II Signature Block

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 10-27-2010		
	DEBORAH STOKES SVP, CC, CAO Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 10-6-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 13-5565207
	Firm's name (or yours if self-employed) address, and ZIP + 4 KPMG LLP 55 SECOND STREET SAN FRANCISCO, CA 94105		EIN ▶ 13-5565207 Phone no. ▶ 415.963.5100	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form 990 (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>KAISER FOUNDATION HOSPITALS</b>	Employer identification number <b>94-1105628</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE KAISER PLAZA, 15L</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94612</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **NATIONAL DIRECTOR OF TAX,**  
Telephone No. **510 271.6385** FAX No. **510 271.2611**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **510**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for:

4 I request an additional 3-month extension of time until **11/15/2010**5 For calendar year **2009**, or other tax year beginning **11/15/2010**, and ending **11/15/2010**6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **THIS ENTITY IS A MEMBER OF A VERTICALLY INTEGRATED MANAGED HEALTH CARE DELIVERY PROGRAM AND REQUESTS ADDITIONAL TIME TO VERIFY THAT EACH MEMBER'S TAX RETURN DATA IS COMPLETE**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

*Deborah S. Salo*

Title ▶ SVP, CC, CAO

Date ▶

7/16/10

Form 8868 (Rev. 4-2009)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KAISER FOUNDATION HOSPITALS	94-1105628
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	ONE KAISER PLAZA, 15L	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OAKLAND, CA 94612	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► NATIONAL DIRECTOR OF TAX,

Telephone No. ► 510 271.6385FAX No. ► 510 271.2611

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2009 or  
 ► ☐ tax year beginning                     ,           , and ending                     ,           .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE  
THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 13321684485. including grants of \$ 18,052,265. ) (Revenue \$ 15187677312. )  
ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 535,564,196. including grants of \$ 0. ) (Revenue \$ 183,813,596. )  
MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS

KFH IS COMMITTED TO IMPROVING THE WAY MEDICAID BENEFICIARIES  
RECEIVE CARE, NOT ONLY IN OUR FACILITIES, BUT ALSO IN THE  
COMMUNITIES WE SERVE. IN 2009, KFHS PARTICIPATED IN A NUMBER OF  
GOVERNMENT PROGRAMS. MEDICAID MANAGED CARE - PROVIDING  
COMPREHENSIVE CARE FOR MORE THAN 181,444 MANAGED CARE MEMBERS;  
MEDICAID FEE FOR SERVICE, AND THE STATE CHILDREN'S HEALTH  
INITIATIVE - PROVIDING COMPREHENSIVE HEALTH CARE, TO MORE THAN  
166,000 MEMBERS.

**4c** (Code: ) (Expenses \$ 102,398,269. including grants of \$ 0. ) (Revenue \$ 0. )  
ATTACHMENT 3

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 4  
(Expenses \$ 190,456,767. including grants of \$ 87,127,172. ) (Revenue \$ 63,864,318. )

**4e** Total program service expenses 14150103717.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	X
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b>	X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> . . . . .	<b>12</b>	X
<b>12A</b> Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> . . . . .	<b>12A</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20</b> X	

Form **990** (2009)

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .	X	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25 a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
<b>1a</b> 4,240		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
<b>2a</b> 62,177		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	X	
<b>3a</b>		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	X	
<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	X	
<b>4a</b>		
<b>b</b> If "Yes," enter the name of the foreign country: ► INDONESIA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5a</b>		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5b</b>		
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		X
<b>6a</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7f</b>		
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

Form 990 (2009)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	14
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	12
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	X
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA, CO, DC, GA, HI, MD, OH, OR, VA, WA, \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA, 15L OAKLAND, CA 94612  
 510.271.6385

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE K CASSEL DIRECTOR	7.00	X						0.	162,050.	0.
THOMAS W CHAPMAN, EDD DIRECTOR	8.00	X						0.	132,897.	70,000.
DANIEL P GARCIA SVP, CHIEF COMPLIANCE OFFICER	40.00	X		X				0.	1,013,385.	217,414.
WILLIAM R GRABER DIRECTOR	7.00	X						0.	204,679.	0.
J. EUGENE GRIGSBY, III, PHD DIRECTOR	6.00	X						0.	197,853.	0.
GEORGE C HALVORSON CHAIRMAN AND CEO	40.00	X		X				0.	6,592,049.	75,622.
JUDITH JOHANSEN DIRECTOR	6.00	X						0.	186,886.	0.
KIM J KAISER DIRECTOR	7.00	X						0.	118,000.	0.
PHILIP MARINEAU DIRECTOR	6.00	X						0.	193,179.	0.
JENNY J MING DIRECTOR	6.00	X						0.	173,679.	0.
EDWARD PEI DIRECTOR	6.00	X						0.	166,000.	0.
J NEAL PURCELL DIRECTOR	8.00	X						0.	228,357.	0.
CYNTHIA TELLES, PHD DIRECTOR	6.00	X						0.	191,041.	0.
SANDRA THOMPCKINS DIRECTOR	6.00	X						0.	174,604.	0.
GREGORY A ADAMS REGIONAL PRESIDENT, NORTHERN C	40.00			X				0.	930,211.	211,162.
PETER ANDRUSZKIEWICZ REGIONAL PRESIDENT, GEORGIA	40.00			X				0.	726,847.	148,492.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND J BAXTER SVP, COMMUNITY BENEFIT, RESEAR	40.00			X				0.	1,520,472.	273,783.
BENJAMIN K CHU REGIONAL PRESIDENT, SOUTHERN C	40.00			X				0.	1,206,181.	239,169.
STEVEN DOSHAY SENIOR COUNSEL	40.00			X				0.	233,261.	48,160.
PHILIP FASANO SVP & CIO	40.00			X				0.	1,120,015.	234,160.
JERRY C FLEMING SVP, HEALTH PLAN MANAGER	40.00			X				0.	936,569.	170,154.
DIANE E GAGE LOFGREN SVP, BRAND MGMT & COMMUNICATIO	40.00			X				0.	684,933.	124,774.
JENNIFER GARDNER ASSISTANT SECRETARY	40.00			X				0.	102,413.	29,581.
SANDRA A GOLZE VP, REGIONAL COUNSEL - NCAL	40.00			X				0.	338,556.	79,210.
MITCHELL J GOODSTEIN SVP, ACTUARIAL, U/W & PRICING	40.00			X				0.	796,275.	145,166.
MARILYN KAWAMURA REGIONAL PRESIDENT, MID-ATLANT	40.00			X				0.	781,105.	166,610.
PATRICIA KENNEDY-SCOTT REGIONAL PRESIDENT, OHIO	40.00			X				0.	800,469.	174,695.
KATHY LANCASTER EVP - CHIEF FINANCIAL OFFICER	40.00			X				0.	1,250,710.	232,251.
KEITH A LEE VP, LEGAL SERVICES - HI	40.00			X				0.	340,802.	11,921.
<b>1b Total</b> CONTINUED AT SCHEDULE J-2								0.	53,562,267.	7,287,159.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **17,255**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**



**Part VIII Statement of Revenue**

94-1105628

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	68,973,679.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	27,547,969.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>			96,521,648.			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>	HOSPITAL SERV REV	900099	13,545,612,378.	13,545,612,378.		
	<b>b</b>	NON-PLAN & IND REV	900099	573,998,321.	573,998,321.		
	<b>c</b>	OTHR PRGM SERV REV	900099	1,251,880,209.	1,251,880,209.		
	<b>d</b>	MEDICARE PAYMENTS	900099	63,864,318.	63,864,318.		
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>			15,435,355,226.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 6	192,186,286.			192,186,286.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents. . . . .	945,534.				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	945,534.				
	<b>d</b>	Net rental income or (loss) . . . . .		945,534.			945,534.
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory	20,360,423,962.	537,999.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	21,335,035,618.	12,076,885.			
	<b>c</b>	Gain or (loss) . . . . .	-974,611,656.	-11,538,886.			
	<b>d</b>	Net gain or (loss) . . . . .		-986,150,542.			-986,150,542.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	CAFETERIA	722210	16,703,763.			16,703,763.	
<b>b</b>	PARKING GARAGES	812930	6,320,250.			6,320,250.	
<b>c</b>	KP ONCALL	900099	31,504,901.		3,667,538.	27,837,363.	
<b>d</b>	All other revenue . . . . .	900099	1,863,314.		-3,909,594.	5,772,908.	
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		56,392,228.				
<b>12</b>	<b>Total Revenue. See instructions . . . . .</b>			14,795,250,380.	15,435,355,226.	-242,056.	-736,384,438.

Form **990** (2009)

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	105,179,437.	105,179,437.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.	0.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
<b>7</b> Other salaries and wages . . . . .	4,110,658,146.	4,020,201,156.	90,456,990.	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	246,604,437.	241,177,789.	5,426,648.	
<b>9</b> Other employee benefits . . . . .	785,716,941.	768,426,866.	17,290,075.	
<b>10</b> Payroll taxes . . . . .	580,265,232.	567,496,219.	12,769,013.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	1,764,907.		1,764,907.	
<b>c</b> Accounting . . . . .	2,446,460.		2,446,460.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other . . . . .	0.			
<b>12</b> Advertising and promotion . . . . .	2,684,141.		2,684,141.	
<b>13</b> Office expenses . . . . .	0.			
<b>14</b> Information technology . . . . .	0.			
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	174,662,861.	170,819,322.	3,843,539.	
<b>17</b> Travel . . . . .	21,381,958.	20,911,438.	470,520.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	7,966,986.		7,966,986.	
<b>20</b> Interest . . . . .	106,168,946.	103,832,648.	2,336,298.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	637,064,908.	623,045,991.	14,018,917.	
<b>23</b> Insurance . . . . .	48,448,738.	47,382,600.	1,066,138.	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> BASIC CONTRACTUAL PAYMENTS	2,423,443,725.	2,423,443,725.		
<b>b</b> PURCHASED MEDICAL SERVICES	2,205,100,235.	2,205,100,235.		
<b>c</b> SUPPLIES	1,707,770,565.	1,670,190,261.	37,580,304.	
<b>d</b> PURCHASED NON-MEDICAL SVC	576,167,728.	563,488,883.	12,678,845.	
<b>e</b> BAD DEBT EXPENSE	391,110,951.	391,110,951.		
<b>f</b> All other expenses	231,187,337.	228,296,196.	2,891,141.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	14365794639.	14150103717.	215,690,922.	
<b>26</b> Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	25,176,340.	1	57,732,324.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	423,815,814.	4	342,960,176.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .	8,782,000.	7	24,440,925.
	8 Inventories for sale or use . . . . .	352,675,678.	8	378,063,079.
	9 Prepaid expenses and deferred charges . . . . .	84,515,229.	9	126,524,054.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 21252033066.		
	b Less: accumulated depreciation . . . . .	10b 8899821621.	10c	12352211445.
	11 Investments - publicly traded securities . . . . .	7,026,813,673.	11	8,015,376,625.
	12 Investments - other securities. See Part IV, line 11 . . . . .	0.	12	1,307,665,124.
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .	5,400,000.	14	4,200,000.
	15 Other assets. See Part IV, line 11 . . . . .	128,718,550.	15	144,005,984.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19586670905.	16	22753179736.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	2,228,319,707.	17	2,093,032,552.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	869,196.	19	540.
	20 Tax-exempt bond liabilities . . . . .	3,915,736,283.	20	5,502,555,362.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	868,770,449.	23	813,202,418.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	5,433,022,775.	25	6,426,718,159.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	12446718410.	26	14835509031.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	9,082,931.	31	13,299,700.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	7,130,869,564.	32	7,904,371,005.
	33 <b>Total net assets or fund balances</b> . . . . .	7,139,952,495.	33	7,917,670,705.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	19586670905.	34	22753179736.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

- 19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

---

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**

KAISER FOUNDATION HOSPITALS

**Employer identification number**

94-1105628

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 69,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 15,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 52,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 48,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,191,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 983,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 20,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 8,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,296,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 231,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 205,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 247,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 188,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 19,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 59,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 88,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 7,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 71,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 110,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 21,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 276,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 74,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 28,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 18,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 62,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 188,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 147,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 59,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 22,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 39,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 27,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 107,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 11,440,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 52,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 62,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 19,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 62,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 78,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 1,106,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 135,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 8,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 260,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 92,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 43,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 6,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 140,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 51,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 43,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 118,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 122,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 30,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 12,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 191,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 2,490,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 18,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 109,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 11,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 361,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 3,521,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 24,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 5,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 1,031,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 48,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 131,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 439,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 16,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 379,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 5,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 26,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 21,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 56,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 602,892.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 26,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 50,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 23,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 126,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 149,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 27,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 113,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 1,265,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 21,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 3,115,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 14,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 15,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 318,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 54,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 43,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 9,630,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 946,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$ 423,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 7,233,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 180,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 357,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 984,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 3,392,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$ 1,708,407.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 5,439,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 2,218,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 772,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 3,085,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 947,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$ 22,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 1,938,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 1,542,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 1,036,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 355,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 263,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109		\$ 2,326,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 195,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 56,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 72,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 4,194,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 56,353.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		\$ 65,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		\$ 7,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		\$ 387,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		\$ 6,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119		\$ 182,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		\$ 46,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121		\$ 63,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122		\$ 129,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123		\$ 280,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124		\$ 83,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125		\$ 9,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126		\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127		\$ 2,118,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128		\$ 11,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129		\$ 14,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130		\$ 277,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131		\$ 94,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132		\$ 530,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$ 80,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134		\$ 295,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		\$ 17,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		\$ 7,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		\$ 159,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138		\$ 34,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139		\$ 6,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140		\$ 39,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141		\$ 978,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142		\$ 74,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143		\$ 21,381.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144		\$ 28,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
145		\$ 28,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146		\$ 6,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147		\$ 88,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148		\$ 87,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149		\$ 173,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150		\$ 211,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$ 16,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152		\$ 41,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153		\$ 85,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154		\$ 342,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155		\$ 256,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156		\$ 37,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
157		\$ 100,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158		\$ 19,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159		\$ 7,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160		\$ 308,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161		\$ 123,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162		\$ 7,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
163		\$ 7,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164		\$ 303,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165		\$ 319,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166		\$ 8,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167		\$ 5,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168		\$ 27,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KAISER FOUNDATION HOSPITALS

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

94-1105628

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐

Public exhibition

d ☐

Loan or exchange programs

b ☐

Scholarly research

e ☐

Other \_\_\_\_\_

c ☐

Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		851,568,992.		851,568,992.
b Buildings . . . . .		13688395795.	4878568595.	8,809,827,200.
c Leasehold improvements . . . . .		144,039,781.	109,467,962.	34,571,819.
d Equipment . . . . .		2249805457.	2184168757.	65,636,700.
e Other . . . . .		4318223041.	1727616307.	2,590,606,734.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				12,352,211,445.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other ABSOLUTE RETURN FUNDS	420,661,754.	FMV
TACTICAL ASSET ALLOC FUNDS	592,228,057.	FMV
PRIVATE EQUITY FUNDS	282,675,674.	FMV
TREASURY SECURITY FUNDS	12,099,639.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,307,665,124.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

[illegible]

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25.
---------------	--

1. (a) Description of liability	(b) Amount
<b>Federal income taxes</b>	
DUE TO RELATED ENTITIES	710,360,655.
RESERVE FOR UNCLAIMED PROPERTY	1,104,966.
RESERVE FOR WORKERS COMP RISKS	304,961,111.
RESERVE FOR PROF/PUBLIC LIAB	83,960,556.
RESERVE FOR SELF-INS RISK AUTO	110,000.
RESERVE FOR MEDICARE	9,208,496.
RESERVE FOR RESTRUCTURING CHGS	9,214,587.
POST RETIREMENT LIABILITIES	4,935,756,749.
OTHER LIABILITIES	285,674,205.
OTHER CURRENT LIABILITIES	86,366,834.
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>6,426,718,159.</b>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information** *(continued)*

---

FIN 48 FOOTNOTE

SCHEDULE D, PART X

NOT REQUIRED

NOTE 2

2008 FORM 990, PART VIII, LINE 7C

IN 2008, WE REPORTED \$122,739,596 LOSS FROM SALES OF SECURITIES. WE USED  
THE BEST ESTIMATE OF TAX BASIS GAIN AVAILABLE AT THAT TIME. WE NOW HAVE  
FINAL TAX BASIS NUMBERS SHOWING \$493,159,041 LOSS FROM SALES OF  
SECURITIES FOR 2008.



**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," is it a written policy? . . . . .	X	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.		
<input checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: . . . . .	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: . . . . .	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .	X	
<b>5b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Does the organization prepare an annual community benefit report? . . . . .	X	
<b>6b</b> If "Yes," does the organization make it available to the public? . . . . .	X	

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .			200,349,882.	14,056,210.	186,293,672.	1.33
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			454,545,227.	135,624,738.	318,920,489.	2.28
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .			80,919,969.	48,188,858.	32,731,111.	.23
<b>d</b> Total Charity Care and Means-Tested Government Programs . . . . .			735,815,078.	197,869,806.	537,945,272.	3.84
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			48,975,760.		48,975,760.	.35
<b>f</b> Health professions education (from Worksheet 5) . . . . .			91,315,285.	16,316,231.	74,999,054.	.54
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .			102,398,269.		102,398,269.	.73
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			98,830,971.		98,830,971.	.71
<b>j</b> Total Other Benefits . . . . .			341,520,285.	16,316,231.	325,204,054.	2.33
<b>k</b> Total. Add lines 7d and 7j . . . . .			1,077,335,363.	214,186,037.	863,149,326.	6.17

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule H (Form 990) 2009

JSA

9E1284 2.000

92321C 646A

V 09-8.3

PAGE 52

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			35,000.		35,000.	0.00
2 Economic development						
3 Community support			176,335.		176,335.	0.00
4 Environmental improvements						
5 Leadership development and training for community members			169,115.		169,115.	0.00
6 Coalition building						
7 Community health improvement advocacy			1,098,926.	840,582.	258,344.	0.00
8 Workforce development			31,180.		31,180.	0.00
9 Other			25,200.		25,200.	0.00
10 Total			1,535,756.	840,582.	695,174.	0.00

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . . **1** X
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . . **2** 107,950,088.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . . **3** 61,562,870.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 121,192,340.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 170,505,411.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . . **7** -49,313,071.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . . **9a** X
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . . **9b** X

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PORTLAND HSC	LAUNDRY SERVICES	22.00000	0.00000	0.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V Facility Information**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
KAISER PERMANENTE POST ACUTE CARE CENTER 1440 168TH AVE SAN LEANDRO CA 94578		X							SKILLED NURSING
KAISER FOUNDATION HOSPITAL - ANTIOCH 4501 SAND CREEK RD. ANTIOCH CA 94531	X	X					X		
KAISER FOUNDATION HOSPITAL - FRESNO 7300 N. FRESNO ST. FRESNO CA 93720	X	X		X			X		
KAISER FOUNDATION HOSPITAL - HAYWARD 27400 HESPERIAN BLVD. HAYWARD CA 94545	X	X		X			X		
KAISER FOUNDATION HOSPITAL - FREMONT 39400 PASEO PADRE PARKWAY FREMONT CA 94538	X	X		X			X		
KAISER FOUNDATION HOSPITAL - MANTECA 1777 W. YOSEMITE AVE MANTECA CA 95336	X	X					X		
KAISER FOUNDATION HOSPITAL - MODESTO 4601 DALE RD. MODESTO CA 95356	X	X					X		
KAISER FOUNDATION HOSPITAL - OAKLAND 280 W. MACARTHUR BLVD. OAKLAND CA 94611	X	X		X			X		
KAISER FOUNDATION HOSPITAL - RICHMOND 901 NEVIN ST. RICHMOND CA 94804	X	X		X			X		
KAISER FOUNDATION HOSPITAL - REDWOOD CITY 1150 VETERANS BLVD. REDWOOD CITY CA 94063	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SACRAMENTO 2025 MORSE AVE SACRAMENTO CA 95825	X	X		X			X		
KAISER FOUNDATION HOSPITAL - ROSEVILLE 1600 EUREKA RD. ROSEVILLE CA 95661	X	X		X			X		
KAISER FDN HOSPITAL - SAN FRANCISCO 2425 GEARY BLVD. SAN FRANCISCO CA 94115	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SAN RAFAEL 90 MONTECILLO RD. SAN RAFAEL CA 94903	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SANTA CLARA 700 LAWRENCE EXPRESSWAY SANTA CLARA CA 95051	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SANTA ROSA 401 BICENTENNIAL WAY SANTA ROSA CA 95403	X	X		X			X		

**Part V Facility Information**

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
KAISER FOUNDATION HOSPITAL - SAN JOSE 250 HOSPITAL PARKWAY SAN JOSE CA 95119	X	X		X			X		
KAISER FDN HOSPITAL - SOUTH SACRAMENTO 6600 BRUCEVILLE RD. SOUTH SACRAMENTO CA 95823	X	X		X			X		
KAISER FDN HOSPITAL -SOUTH SAN FRANCISCO 1200 EL CAMINO REAL SOUTH SAN FRANCISCO CA 94080	X	X					X		
KAISER FOUNDATION HOSPITAL - VALLEJO 975 SERENO DR. VALLEJO CA 94589	X	X		X			X		
KAISER FOUNDATION HOSPITAL -WALNUT CREEK 1425 S. MAIN ST. WALNUT CREEK CA 94596	X	X		X			X		
KAISER FOUNDATION HOSPITAL -ANAHEIM 441 N. LAKEVIEW AVE. ANAHEIM CA 92807	X	X		X			X		
KAISER FOUNDATION HOSPITAL -BALDWIN PARK 1011 BALDWIN PARK BLVD. BALDWIN PARK CA 91706	X	X		X			X		
KAISER FOUNDATION HOSPITAL - BELLFLOWER 9400 E. ROSECRANS AVE. BELLFLOWER CA 90706	X	X		X			X		
KAISER FOUNDATION HOSPITAL - FONTANA 9961 SIERRA AVE FONTANA CA 92335	X	X		X			X		
KAISER FOUNDATION HOSPITAL - HARBOR CITY 25825 S. VERMONT AVE HARBOR CITY CA 90710	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SUNSET 4867 SUNSET BLVD. LOS ANGELES CA 90027	X	X		X			X		
KAISER FDN HOSPITAL - MENTAL HEALTH CTR. 765 W. COLLEGE ST. LOS ANGELES CA 90012	X			X					
KAISER FDN HOSPITAL - PANORAMA CITY 13652 CANTARA ST. PANORAMA CITY CA 91402	X	X		X			X		
KAISER FOUNDATION HOSPITAL - RIVERSIDE 10800 MAGNOLIA AVE RIVERSIDE CA 92505	X	X		X			X		
KAISER FOUNDATION HOSPITAL - SAN DIEGO 4647 ZION AVE SAN DIEGO CA 92120	X	X		X			X		
KAISER FDN HOSPITAL - W. LOS ANGELES 6041 CADILLAC AVE W. LOS ANGELES CA 90034	X	X		X			X		

Schedule H (Form 990) 2009

## Part V Facility Information

[illegible]

Schedule H (Form 990) 2009

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART I, LINE 7:**

THE LOSSES ATTRIBUTED TO PROVIDING CHARITY CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE) AND PARTICIPATION IN SELECT GOVERNMENT OR COMMUNITY SPONSORED HEALTH COVERAGE PROGRAMS ARE CALCULATED USING A COST-BASED METHODOLOGY FOR PATIENTS IN THOSE PROGRAMS. THE COST-BASED LOSS IS GENERATED THROUGH THE STANDARD SYSTEMS USED TO REPORT ON MARKET SEGMENTS FOR KFHP/H'S COMMERCIAL BUSINESS LINES.

THE BAD DEBT EXPENSE INCLUDED IN PART IX, LINE 25, BUT EXCLUDED FOR CALCULATION OF QUESTION 7, COLUMN (F) IS \$391,110,951.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART III, LINE 4:**

KAISER FOUNDATION HOSPITALS' 2009 AUDITED FINANCIAL STATEMENTS DO NOT  
CONTAIN FOOTNOTE ON BAD DEBTS.

BAD DEBT EXPENSE IS ESTIMATED BY COMBINING THE PROVISIONS FOR  
UNCOLLECTIBLE COPAYS, DEDUCTIBLES AND SELF PAY . THIS VALUE IS THEN  
REDUCED BY THE PERCENTAGE OF ACTUAL ADJUSTMENT FOR THESE PAYORS THAT  
ARE NOT SPECIFIC TO BAD DEBT.

THIS RESULT IS MULTIPLIED BY THE KAISER REGIONAL COST TO CHARGE RATIO  
EXPERIENCED IN 2009. THE CHARITY CARE ESTIMATED BAD DEBT AT COST IS  
THEN ESTIMATED BY MULTIPLYING BY THE PERCENTAGE OF THE STATE'S  
POPULATION THAT FALLS INTO THE GROUP "BELOW 300% FPL", WHICH IS THE  
QUALIFIER FOR CHARITY CARE.

**PART III, LINE 8:**

NONE OF THE AMOUNTS REPORTED ON PART III, LINE 7 HAS BEEN TREATED AS  
COMMUNITY BENEFIT.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE COST ACCOUNTING SYSTEM TAKES INPUTS FROM THE GENERAL LEDGER,

UTILIZATION AND OTHER STATISTICS, PRODUCTS FROM THE CHARGEMASTERS,

AND RELATIVE VALUE UNITS (RVUS) TO COST THE INDIVIDUAL PRODUCTS.

THESE COSTS ARE THEN AGGREGATED TO FORM AN ENCOUNTER COST. REVENUES

RECEIVED ARE APPLIED TO REDUCE THE COST TO A NET LOSS, WHICH IS THE

REPORTED VALUE. OUR SYSTEMS AGGREGATE THESE COSTS INTO THE PATIENT'S

ASSIGNED LINE OF BUSINESS TO CREATE OUR STANDARD LINE OF REPORTING.

**PART III, LINE 9B:**

WHEN A PATIENT/GUARANTOR INDICATES AN INABILITY TO PAY (CHARITY

CARE), THE PATIENT/GUARANTOR WILL BE EVALUATED FOR CHARITY CARE IN

ACCORDANCE WITH ESTABLISHED CRITERIA OUTLINED IN THE MEDICAL

FINANCIAL ASSISTANCE (MFA) PROGRAM. IN ADDITION, OUTSIDE COLLECTION

AGENCIES WILL CANCEL AND RETURN ON A RETROSPECTIVE BASIS ANY ACCOUNTS

THAT EITHER WOULD HAVE QUALIFIED OR NOW QUALIFY FOR CHARITY CARE

ACCORDING TO THE CRITERIA OUTLINED IN THE MFA PROGRAM.

**NEEDS ASSESSMENT:**

PERIODICALLY (AT LEAST EVERY THREE YEARS) EACH KFH MEDICAL CENTER



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONDUCTS A COMMUNITY NEEDS ASSESSMENT. THE ASSESSMENTS ARE CONDUCTED

INDIVIDUALLY BY EACH HOSPITAL OR IN COLLABORATION WITH OTHER

HOSPITALS, COMMUNITY-BASED AGENCIES AND PUBLIC SERVICE ORGANIZATIONS.

EACH NEEDS ASSESSMENT PROVIDES A SUMMARY OF THE NEEDS ASSESSMENT

PROCESS UNDERTAKEN INCLUDING THE METHODOLOGY AND DATA SOURCES

UTILIZED, INDIVIDUAL AND ORGANIZATIONS CONSULTED AND A LISTING OF THE

NEEDS IDENTIFIED.

**PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:**

COMMUNICATION ABOUT KFH'S CHARITY CARE PROGRAMS AND THE AVAILABILITY

OF FINANCIAL COUNSELING IS PROVIDED ON REGIONAL WEBSITES, IN PUBLIC

AREAS THAT INCLUDE PUBLIC ENTRANCES TO HOSPITALS, EMERGENCY AND

URGENT CARE DEPARTMENTS, PHARMACY AND BILLING AND ADMITTING OFFICES.

IN ADDITION, A SPECIAL MFAP 800# HOTLINE HAS BEEN ESTABLISHED TO

ANSWER QUESTIONS PATIENTS MAY HAVE ABOUT MFAP ELIGIBILITY. THIS

NUMBER IS INCLUDED ON ALL BILL CORRESPONDENCE, MFAP BROCHURES AND

POSTERS. TO BETTER SERVE OUR DIVERSE CONSTITUENCY THE MFA

APPLICATIONS AND BROCHURES ARE AVAILABLE IN THE DOMINANT LANGUAGES OF

OUR COMMUNITY, EG ENGLISH, SPANISH, CHINESE, ARMENIAN, RUSSIAN, FARSI

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**COMMUNITY INFORMATION:**

KFH OWNS AND OPERATES 38 LICENSED HOSPITALS, INCLUDING FIVE LICENSED  
HOSPITALS WITH MULTIPLE CAMPUSES IN CALIFORNIA, HAWAII AND OREGON,  
WHICH PROVIDE EMERGENCY AND IN-PATIENT SERVICES TO ALL PERSONS IN THE  
COMMUNITY REGARDLESS OF MEMBERSHIP OR ABILITY TO PAY. STAFF  
PRIVILEGES ARE AVAILABLE ON A NONDISCRIMINATORY BASIS TO PHYSICIANS  
IN THE COMMUNITIES SERVED. KFH ALSO CONTRACTS WITH OTHER COMMUNITY  
HOSPITALS TO PROVIDE HOSPITAL SERVICES TO MEMBERS FOR SPECIALIZED  
CARE AND OTHER SERVICES. IN CALIFORNIA, KFH MEDICAL CENTERS ARE  
LOCATED IN THE CITIES OF ANAHEIM, ANTIOCH, BALDWIN PARK, BELLFLOWER,  
FONTANA, FREMONT, FRESNO, HARBOR CITY, HAYWARD, IRVINE, LOS ANGELES,  
MANTECA, MODESTO, MORENO VALLEY, OAKLAND, PANORAMA CITY, REDWOOD  
CITY, RICHMOND, RIVERSIDE, ROSEVILLE, SACRAMENTO, SAN DIEGO, SAN  
FRANCISCO, SAN RAFAEL, SANTA CLARA, SANTA ROSA, SANTA TERESA, SOUTH  
SACRAMENTO, SOUTH SAN FRANCISCO, VALLEJO, WALNUT CREEK, WEST LOS  
ANGELES, AND WOODLAND HILLS. IN HAWAII, THE MOANALUA MEDICAL CENTER  
IS LOCATED IN THE CITY OF HONOLULU ON THE ISLAND OF OAHU. IN OREGON,  
THE SUNNYSIDE MEDICAL CENTER IS LOCATED IN THE CITY OF CLACKAMAS.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

	NCAL	SCAL	HAWAII	NW
TOTAL POPULATION IN AREA (MIL)	11.2	21.6	1.3	2.4
AVERAGE FAMILY INCOME	\$89,000	\$74,000	\$84,000	\$74,000
% BELOW FPL	13	16	11	13
% WITHOUT PUBLIC OR PRIVATE HEALTH INS	13	20	7	11

(SOURCE: US CENSUS, 2008 AMERICAN COMMUNITY SURVEY AND 2007-2009

CURRENT POPULATION SURVEY LIMITED TO APPROXIMATE KAISER SERVICE AREAS

IN EACH OF 4 REGIONS)

**COMMUNITY BUILDING ACTIVITIES:**

KFH SUPPORTED SEVERAL TYPES OF COMMUNITY BUILDING ACTIVITIES THAT

ADDRESS ENVIRONMENTAL FACTORS OF COMMUNITY HEALTH AND SAFETY ISSUES.

PHYSICAL IMPROVEMENTS AND HOUSING

COMMUNITY HOUSING OPTIONS AT INDEPENDENT SUPPORTED SITES (CHOISS),

PROVIDES PERMANENT, SUBSIDIZED HOUSING AND A FULL COMPLEMENT OF

HEALTH-RELATED SUPPORTIVE SERVICES TO HOMELESS, MULTI-DIAGNOSED

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PERSONS LIVING WITH SYMPTOMATIC HIV/AIDS AND THEIR FAMILIES.

THE LOCAL PARTNERSHIP GRANT TO THE VOLUNTEER CENTER OF ORANGE COUNTY

SUPPORTED A PROJECT THAT ASSESSED THE BARRIERS TO PHYSICAL ACTIVITY

AREAS IN THE COMMUNITY. AS A RESULT OF THE ASSESSMENT, TWO JOINT USE

AGREEMENTS WILL BE DEVELOPED TO CREATE PHYSICAL IMPROVEMENTS IN THE

COMMUNITY THAT WILL ALLOW MORE SAFE LOCATIONS FOR OUTSIDE PHYSICAL

ACTIVITIES.

COMMUNITY SUPPORT

COMMUNITY HEALTH IMPROVEMENT EFFORTS WERE AIMED AT SUPPORTING PUBLIC

HEALTH POLICIES AND SERVICES TO REDUCE CHILDHOOD OBESITY, VIOLENCE

AND PROMOTE GENERAL WELL BEING. THE NORTH SAN DIEGO COUNTY SPONSORING

COMMITTEE'S LIFT EVERY VOICE FOR YOUTH PROJECT ADDRESSED

YOUTH-RELATED ISSUES SUCH AS BULLYING AND VIOLENCE AT THE COMMUNITY

LEVEL AND LEAD REGIONAL INFLUENCE IN PUBLIC POLICIES RELATED TO YOUTH

WELL-BEING. PROYECTO PASTORAL'S WOMEN'S CONFERENCE BROUGHT LOW INCOME

LATINO WOMEN LIVING IN HOUSING PROJECTS TOGETHER TO BECOME COMMUNITY

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTH ADVOCATES. THE CONFERENCE SESSIONS INCLUDED HEALTH,

LEADERSHIP, AND PERSONAL DEVELOPMENT WORKSHOPS DESIGNED TO ADDRESS

VITAL COMMUNITY ISSUES, EDUCATE YOUNG GIRLS AND WOMEN ON PREVENTATIVE

HEALTH PRACTICES, AND PROVIDE ACCESS TO HEALTH AND WELLNESS

RESOURCES. SANE/SART WAS FOUNDED IN 1988 TO PROVIDE PHYSICAL EXAMS OF

CHILDREN IN CASES OF SUSPECTED CHILD ASSAULTS IN NAPA OR SOLANO

COUNTIES. THE SUPPORT EXPANDED SERVICES TO COVER MEDICAL-LEGAL EXAMS

ASSAULT VICTIMS OF ALL AGES (BIRTH TO POST MORTEM).

OTHER TYPES OF COMMUNITY BUILDING PROGRAMS INCLUDED SUPPORT FOR ART,

MUSIC AND CULTURAL THAT PROMOTE DIVERSITY AND TOLERANCE AND COMMUNITY

PRIDE. SUPPORT FOR THE FRESNO PHILHARMONIC ASSOCIATION'S YOUTH AND

FAMILY CONCERTS ALLOWED MORE MIGRANT STUDENTS TO ATTEND PERFORMANCES

AS PART OF THEIR MUSIC EDUCATION PROGRAM. PACIFICA'S ENVIRONMENTAL

FAMILY GARDENS PROJECT ALLOWED COMMUNITY RESIDENTS TO CREATE GREEN

SPACE IN LOW INCOME NEIGHBORHOODS.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUPPORT FOR COMMUNITY BASED PROGRAMS SUCH AS THE NEIGHBORHOOD ACTION

TEAMS COMMUNITY HEALTH LEADERSHIP PROJECT, YOUTH CREATE (COMMUNITY

RESTORATION AND ECOLOGICAL ACTION TRANSFORMING URBAN ENVIRONMENTS),

AND HELPING EVERYONE ACHIEVE RESPECT TOGETHER (HEART) PROVIDED YOUTH,

AND MEMBERS OF THE COMMUNITY THE OPPORTUNITY TO PARTICIPATE IN

PROGRAMS AND CLASSES ON CONFLICT RESOLUTION, CIVIC ADVOCACY AND

LEADERSHIP SKILL BUILDING. THE HEART PROGRAM INVOLVES YOUNG WOMEN IN

THEIR COMMUNITY AS PEER EDUCATORS AND MENTORS ON HEALTH AND SEXUALITY

ISSUES. THROUGH THE PROGRAM, THESE YOUNG WOMEN GAIN LEADERSHIP,

COUNSELING, AND ADVOCACY SKILLS IN HEALTH AND SEXUALITY. EACH YEAR,

THEY COUNSEL HUNDREDS OF MALE AND FEMALE PEERS (CALLED PEER

"CONTACTS"), HELPING THEM TO ACCESS SERVICES AND GAIN RELEVANT

KNOWLEDGE ABOUT CONTRACEPTION, PREGNANCY, AND SEXUAL HEALTH. THROUGH

THE ACTION TEAMS COMMUNITY HEALTH LEADERSHIP PROJECT AN ESTIMATED

1,200 MONUMENT COMMUNITY RESIDENTS PARTICIPATED IN THE PROGRAM.

COMPONENTS INCLUDE BUSINESS AND STRATEGIC PLANNING, FINANCIAL

MODELING AND MANAGEMENT, CONSENSUS BUILDING AMONG DIVERSE AUDIENCES

WITH CONFLICTING INTERESTS, BROAD-BASED OUTREACH AND MARKETING

STRATEGIES, AND POLICY CHANGE PROCESSES.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY

SEPSIS MORTALITY REDUCTION

IN 2009 KP WAS AWARDED A GRANT FROM THE GORDON AND BETTY MOORE

FOUNDATION TO ACCELERATE THE REGION-WIDE PROCESS IMPROVEMENT PROGRAM

TO REDUCE SEPSIS MORTALITY THROUGH EARLY DETECTION AND AGGRESSIVE

TREATMENT OF SEPSIS PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT.

THIS GRANT COVERS TWELVE OF OUR MEDICAL CENTERS IN THE SAN FRANCISCO

BAY AREA AND GREATER SACRAMENTO AREA: SAN FRANCISCO, SOUTH SAN

FRANCISCO, REDWOOD CITY, SANTA CLARA, SAN JOSE, HAYWARD, FREMONT,

OAKLAND, SAN RAFAEL, SACRAMENTO, ROSEVILLE, AND SOUTH SACRAMENTO. THE

GORDON AND BETTY MOORE FOUNDATION IS FUNDING \$5.6 MILLION (37% OF

TOTAL COST OF PROJECT) OVER 2 YEARS FOR THESE 12 KAISER FOUNDATION

HOSPITALS AND KP WILL CONTRIBUTE "IN-KIND" COST OF \$9.7 MILLION (63%

OF TOTAL) TO SUPPORT THE OTHER MEDICAL CENTERS NOT COVERED IN THE

GRANT.

HEALTHY AND SUSTAINABLE FOOD SYSTEM PRACTICES

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KP RECOGNIZES THAT HEALTHY EATING IS CRITICAL TO HEALTHY LIVING. THE

NEED TO SUPPORT GOOD NUTRITION HAS TAKEN ON ADDED URGENCY WITH OUR

INCREASED UNDERSTANDING OF THE OBESITY EPIDEMIC IN THE UNITED STATES,

AND ITS CAUSES. OVER THE LAST FEW YEARS, A FARMERS MARKET MOVEMENT

HAS TAKEN HOLD AT KP. INDIVIDUAL FACILITIES HAVE SUPPORTED FARMERS

MARKETS THAT HELP STAFF, MEMBERS, AND THE COMMUNITY TO EAT WELL AND

MAKE GOOD CHOICES BY INCREASING ACCESS TO FRESH PRODUCE.

BECAUSE KP RECOGNIZES THAT PEOPLE CAN'T BE HEALTHY WHEN THEY LIVE IN

UNHEALTHY ENVIRONMENTS, THE ORGANIZATION'S EFFORTS GO BEYOND THE

DOCTOR'S OFFICE AND INTO COMMUNITIES - FOCUSING ON SCHOOLS,

NEIGHBORHOODS AND WORKPLACES.

IN 2009, KP HOSTED 35 FARMERS MARKETS AND FARM STANDS IN FOUR STATES.

THERE WERE 33 KP FARMERS MARKETS CHAMPIONS, KP STAFF WHO SERVE AS

THE KEY POINT OF CONTACT FOR THE FARMERS MARKET AT EACH KP LOCATION.

(SEVERAL CHAMPIONS OVERSEE MULTIPLE MARKETS.) THE KP-HOSTED FARMERS

MARKETS PROVIDE FRESH, LOCAL, SEASONAL PRODUCE TO KP EMPLOYEES,

MEMBERS AND THE SURROUNDING COMMUNITIES.



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION TO FARMERS MARKETS HOSTED ON KP PROPERTY, KP SPONSORS

COMMUNITY FARMERS MARKETS AND FARM STANDS IN NEIGHBORHOODS WHERE

THERE IS NO OTHER SOURCE OF HEALTHY FOOD.

KP STRIVES TO PROVIDE LOCALLY GROWN FOR HOSPITAL MEALS. THE

ORGANIZATION IS NOW SERVING LOCAL PRODUCE FOR PATIENT MEALS AT 21

NORTHERN CALIFORNIA KP HOSPITALS AND THE KP POST ACUTE CARE CENTER IN

SAN LEANDRO, CA, AND PATIENT MEALS AND CAFETERIAS AT FOUR MEDICAL

FACILITIES IN SOUTHERN CALIFORNIA. THE PROJECT WILL BE EXPANDING IN

SOUTHERN CALIFORNIA.

IN 2009, KP PURCHASED APPROXIMATELY 117 TONS (\$193,821 IN KP SPEND),

OF FRESH PRODUCE FOR OUR CA FACILITIES FROM SMALL- TO MID-SIZED LOCAL

FAMILY FARMS. THIS EFFORT IS PART OF A COLLABORATION WITH THE

COMMUNITY ALLIANCE WITH FAMILY FARMERS (CAFF), WHICH SUPPORTS

FAMILY-SCALE AGRICULTURE THAT CARES FOR THE LAND, SUSTAINS LOCAL

ECONOMIES AND PROMOTES SOCIAL JUSTICE. KP'S COMMITMENT TO PURCHASING

LOCAL FAMILY-FARMED PRODUCE HAS ENABLED CAFF TO SERVE OTHER BAY AREA

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATIONS, INCLUDING LOCAL UNIVERSITIES, SCHOOLS AND NONPROFIT

ORGANIZATIONS.

BY PARTNERING WITH LOCAL GROWERS, KP HOPES TO SUPPORT THE DEVELOPMENT

OF LOCAL AND SUSTAINABLE FOOD SYSTEMS AS A PUBLIC HEALTH TOOL AND

REDUCE LONG-DISTANCE FOOD SHIPMENT.

KP SERVES HORMONE-FREE MILK IN HOSPITALS AS WELL AS CAFETERIAS AND

VENDING SERVICES IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON.

KP HAS IMPLEMENTED A "HEALTHY PICKS" PROGRAM IN 34 MEDICAL CENTERS IN

CALIFORNIA, HAWAII AND OREGON. OFFERINGS INCLUDE WHOLE GRAINS,

LOW-FAT DAIRY PRODUCTS, AND FRUITS AND VEGETABLES, AS WELL AS

PRODUCTS MADE WITH TRANS FAT-FREE OILS. THE PROGRAM HAS BEEN

SUCCESSFUL IN HELPING OUR MEMBERS AND STAFF MAKE HEALTHIER FOOD AND

BEVERAGE CHOICES THROUGH VENDING AND CAFETERIA SERVICES. AS OF

DECEMBER 2008, KP ELIMINATED THE USE OF ARTERY-CLOGGING TRANS FAT

FROM ALL OF ITS SOUTHERN CALIFORNIA FACILITIES, OVER TWO YEARS IN

ADVANCE OF A NEW STATE LAW BANNING SUCH FATS FROM FOOD-SERVING

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ESTABLISHMENTS THROUGHOUT CALIFORNIA. THE NORTHERN CALIFORNIA, HAWAII

AND NORTHWEST REGIONS MET THE SAME GOAL IN 2009.

WORKFORCE DEVELOPMENT

WORKFORCE DEVELOPMENT SUPPORT INCLUDED ASSISTING VARIOUS TYPES OF JOB

TRAINING PROGRAMS, AND EXPANDING WORKFORCE OPPORTUNITIES FOR

VULNERABLE POPULATIONS TO REDUCE THE HIGH RATE OF JOBLESSNESS AMONG

TEENS AND UNSKILLED LABOR. THE NATIONAL HISPANIC SCHOLARSHIP

SYMPOSIUM INITIATIVE PREPARED LATINO HIGH SCHOOL STUDENTS TO ATTEND

COLLEGE AND PURSUE PROFESSIONAL CAREERS IN BUSINESS, SCIENCE,

TECHNOLOGY, ENGINEERING AND MATH. LITERACY NETWORK OF GREATER LOS

ANGELES' SUMMIT WAS A PROFESSIONAL DEVELOPMENT CONFERENCE FOR

COMMUNITY HEALTH WORKERS CONFERENCE WHICH DELVE INTO THE COMPLEX

ARENA OF HEALTH LITERACY.

OTHER

KP'S ENVIRONMENTAL STEWARDSHIP EFFORTS ARE PREVENTING ENVIRONMENTAL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FACTORS THAT CONTRIBUTE TO DISEASE. FOLLOWING ARE A FEW EXAMPLES OF

HOW THESE EFFORTS PROMOTE THE HEALTH OF THE COMMUNITY:

TOXINS REDUCTION

TOXINS IN THE ENVIRONMENT CONTRIBUTE TO DISEASES AND HEALTH

CONDITIONS. THE TRUE BURDEN OF ENVIRONMENTALLY INDUCED CANCER HAS

BEEN GROSSLY UNDERESTIMATED ACCORDING TO THE PRESIDENT'S CANCER PANEL

("REDUCING ENVIRONMENTAL CANCER RISK, WHAT WE CAN DO NOW," 2008-2009

ANNUAL REPORT, APRIL 2010). AT KP, OUR ACTIONS INCLUDE REDUCING THE

PURCHASE OF PRODUCTS THAT CONTAIN HAZARDOUS CHEMICALS, INFORMING

OURSELVES ABOUT TOXINS IN THE ENVIRONMENT, EDUCATING OUR PATIENTS AND

MEMBERS, CONDUCTING RESEARCH ON HEALTH EFFECTS OF ENVIRONMENTAL

EXPOSURES, AND SUPPORTING PUBLIC POLICIES THAT ADDRESS ENVIRONMENTAL

POLLUTANTS.

AIR QUALITY IMPROVEMENT

MEETING FEDERAL CLEAN AIR STANDARDS WOULD HAVE PREVENTED AN ESTIMATED

29,808 HOSPITAL ADMISSIONS AND ER VISITS THROUGHOUT CALIFORNIA

BETWEEN 2005 AND 2007 AND WOULD HAVE REDUCED SPENDING ON HOSPITAL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CARE BY \$193,100,184 IN TOTAL. KAISER FOUNDATION HEALTH PLAN SPENT

\$30 MILLION DUE TO HOSPITAL ADMISSIONS CAUSED BY POOR AIR QUALITY IN

CALIFORNIA BETWEEN 2005 AND 2007. (SOURCE: RAND CORPORATION, "THE

IMPACT OF AIR QUALITY ON HOSPITAL SPENDING.") THE CALIFORNIA AIR

RESOURCES BOARD RECENTLY TRIPLED THE ESTIMATE OF PREMATURE DEATHS IN

CALIFORNIA FROM PARTICLE POLLUTION TO 18,000 ANNUALLY. (SOURCE:

CALIFORNIA AIR RESOURCES BOARD. METHODOLOGY FOR ESTIMATING PREMATURE

DEATHS ASSOCIATED WITH LONG-TERM EXPOSURE TO FINE AIRBORNE

PARTICULATE MATTER IN CALIFORNIA: STAFF REPORT. OCTOBER 24, 2008.)

TO REDUCE AIR POLLUTION, KP REDUCES VEHICLE TRIPS. WE USE MANY NEW

TECHNOLOGIES AND INNOVATIONS THAT HELP US DELIVER OUR SERVICES WITH

LESS TRAVEL, INCLUDING MAIL-ORDER PHARMACIES, SECURE

PATIENT-PHYSICIAN E-MESSAGING, TELEHEALTH, MOBILE HEALTH VEHICLES,

AND FLEET VEHICLE RIGHT-SIZING. WE ALSO OPERATE IN-HOUSE DISTRIBUTION

NETWORKS FOR LABORATORY SPECIMENS, PRESCRIPTIONS, AND MEDICAL

SUPPLIES. OUR MEDICAL OFFICES AND HOSPITALS HAVE RETAIL PHARMACIES

WHERE OUR MEMBERS CAN FILL THEIR PRESCRIPTIONS WITHOUT GENERATING AN

ADDITIONAL TRIP TO A PHARMACY.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REDUCING CO2 EMISSIONS IS IMPORTANT IN ADDRESSING THE CONCERNS OF  
GLOBAL WARMING. TO REDUCE CO2 EMISSIONS, KP WORKS TO REDUCE THE USE  
OF FOSSIL FUELS AS AN ENERGY SOURCE. LIGHTING RETROFITS, REFLECTIVE  
ROOFING AND OPTIMIZING BUILDING SYSTEMS ARE ACTIONS KP HAS TAKEN TO  
REDUCE ENERGY USE AND CO2 EMISSIONS. IN CALIFORNIA, WATER USE IS  
FOSSIL-FUEL INTENSIVE BECAUSE OF THE NEED FOR PUMPING ACROSS LONG  
DISTANCES. WE HAVE BENCHMARKED OUR HOSPITALS AND FOUND THEM TO BE  
MORE WATER EFFICIENT THAN THE AVERAGE U.S. HOSPITAL DUE IN PART TO  
OUR TRANSITION TO DIGITAL IMAGING, AS WELL AS THE DROUGHT-TOLERANT  
PLANTINGS AT OUR FACILITIES. IN 2009, WE USED TELECONFERENCING,  
VIDEOCONFERENCING, AND TELEPRESENCE TO REDUCE EMPLOYEE TRAVEL, SAVING  
AN ESTIMATED 456 METRIC TONS OF CO2 AND OTHER GREENHOUSE GAS  
EMISSIONS.

OZONE POLLUTION CAN SHORTEN LIFE, A CONCLUSION CONFIRMED BY THE  
LATEST SCIENTIFIC REVIEW BY THE NATIONAL RESEARCH COUNCIL. (SOURCE:  
COMMITTEE ON ESTIMATING MORTALITY RISK REDUCTION BENEFITS FROM  
DECREASING TROPOSPHERIC OZONE EXPOSURE, NATIONAL RESEARCH COUNCIL.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ESTIMATING MORTALITY RISK REDUCTION AND ECONOMIC BENEFITS FROM

CONTROLLING OZONE AIR POLLUTION, 2008.) NEW EVIDENCE APPEARED THAT

SOME SEGMENTS OF THE POPULATION MAY FACE HIGHER RISKS FROM DYING

PREMATURELY BECAUSE OF OZONE POLLUTION, INCLUDING COMMUNITIES WITH

HIGH UNEMPLOYMENT OR HIGH PUBLIC TRANSIT USE AND LARGE BLACK/AFRICAN

AMERICAN POPULATIONS. (SOURCE: BELL ML, DOMINICI F. EFFECT

MODIFICATION BY COMMUNITY CHARACTERISTICS ON THE SHORT-TERM EFFECTS

OF OZONE EXPOSURE AND MORTALITY IN 98 US COMMUNITIES. AM J EPIDEMIOL

2008; 167: 986-997.)

**OTHER INFORMATION:**

KFH'S PRINCIPAL PURPOSE IS TO PROVIDE HOSPITAL, MEDICAL, AND SURGICAL

CARE, INCLUDING EMERGENCY SERVICES, EXTENDED CARE, AND HOME HEALTH

CARE TO MEMBERS OF THE PUBLIC WITHOUT REGARD TO AGE, SEX, RACE,

RELIGION, OR NATIONAL ORIGIN, OR TO THE INDIVIDUAL'S ABILITY TO PAY.

KFH'S GENERAL COMMUNITY BENEFITS ARE:

EMERGENCY DEPARTMENTS - KFH OPERATES FULL-TIME EMERGENCY DEPARTMENTS

IN EACH OF ITS LICENSED HOSPITALS IN CALIFORNIA, HAWAII AND OREGON.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EMERGENCY MEDICAL SERVICES ARE AVAILABLE TO ALL INDIVIDUALS

REGARDLESS OF THEIR ABILITY TO PAY.

CARE PROVIDED TO ALL PATIENTS - HOSPITAL CARE IS PROVIDED TO

INDIVIDUALS WITH HEALTH CARE COVERAGE FROM ANY PRIVATE OR

GOVERNMENT-SPONSORED HEALTH PLAN, INSURED AND UNINSURED REFERRALS

FROM SAFETY NET AND OTHER PUBLIC HEALTH PARTNERSHIPS, AND UNINSURED

PATIENTS ADMITTED THROUGH THE EMERGENCY DEPARTMENT.

OPEN MEDICAL STAFF PRIVILEGES - STAFF PRIVILEGES IN THE HOSPITALS ARE

AVAILABLE TO COMMUNITY PRACTITIONERS WHO ARE NOT AFFILIATED WITH A

PERMANENTE MEDICAL GROUP.

BOARD OF DIRECTORS - KFH AND KFHP HAVE IDENTICAL 14-MEMBER BOARDS OF

DIRECTORS. THE BOARD IS COMPRISED OF INDIVIDUALS FROM THE ACADEMIC

WORLD AND PRIVATE INDUSTRY WHO ARE REPRESENTATIVE OF THE COMMUNITY.

GEORGE C. HALVORSON SERVES AS THE CHAIRMAN AND CHIEF EXECUTIVE

OFFICER FOR THE KFHP AND KFH BOARDS OF DIRECTORS.



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REINVESTMENT OF SURPLUS REVENUES - KFHP PAYS KFH FOR HOSPITAL

SERVICES AND SURPLUS REVENUES ARE REINVESTED FOR CAPITAL REPLACEMENT

OR EXPANSION OF FACILITIES AND EQUIPMENT, DEBT AMORTIZATION,

IMPROVEMENT IN PATIENT CARE AND SERVICES, AND OTHER COMMUNITY BENEFIT

SERVICES INCLUDING CHARITY CARE, MEDICAL EDUCATION, AND RESEARCH.

**AFFILIATED HEALTH CARE SYSTEM ROLES:**

KAISER FOUNDATION HOSPITALS (KFH) AND KAISER FOUNDATION HEALTH PLAN,

INC. (KFHP), WITH ITS FIVE PRINCIPAL OPERATING TAX-EXEMPT SUBSIDIARY

HEALTH PLANS-KAISER FOUNDATION HEALTH PLAN OF COLORADO; KAISER

FOUNDATION HEALTH PLAN OF GEORGIA, INC.; KAISER FOUNDATION HEALTH

PLAN OF THE MID-ATLANTIC STATES, INC.; KAISER FOUNDATION HEALTH PLAN

OF THE NORTHWEST; AND KAISER FOUNDATION HEALTH PLAN OF OHIO, ARE

NONPROFIT CORPORATIONS THAT ARE PART OF THE INTEGRATED HEALTH CARE

DELIVERY SYSTEM KNOWN AS THE KAISER PERMANENTE MEDICAL CARE PROGRAM

OR "KAISER PERMANENTE."

KAISER PERMANENTE IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT

COMBINES THE PROVISION AND FINANCING OF HEALTH CARE SERVICES. PEOPLE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WHO ELECT TO ENROLL IN A KAISER PERMANENTE HEALTH PLAN RECEIVE A FULL

RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING HOSPITAL CARE,

PROFESSIONAL CARE IN HOSPITALS AND PHYSICIANS' OFFICES, X-RAY AND

LABORATORY SERVICES, PHYSICAL THERAPY, EMERGENCY, AMBULANCE

TRANSPORTATION, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN

PRESCRIBED DRUGS. MORE COMPREHENSIVE DRUG COVERAGE IS ALSO PROVIDED

THROUGH A SEPARATE COVERAGE RIDER.

PERSONS ENROLL IN KAISER PERMANENTE THROUGH KFHP OR ONE OF THE HEALTH

PLAN SUBSIDIARIES ("HEALTH PLAN"). HEALTH PLAN PROVIDES AND ARRANGES

COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY

PREPAID BASIS AND FULFILLS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND

INDIVIDUAL MEMBERS BY CONTRACTING WITH KFHP AND A PERMANENTE MEDICAL

GROUP TO PROVIDE THE REQUIRED HEALTH CARE SERVICES.

MEMBERS RECEIVE CARE FROM PHYSICIANS AND OTHER HEALTH CARE

PROFESSIONALS THROUGH A PERMANENTE MEDICAL GROUP IN THE RESPECTIVE

KAISER PERMANENTE REGIONS. THE PERMANENTE MEDICAL GROUPS ARE

CONTRACTED HEALTH CARE PROFESSIONALS THAT ACCEPT RESPONSIBILITY FOR

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDING PROFESSIONAL CARE OF HEALTH PLAN MEMBERS, AND ARE

RESPONSIBLE FOR THEIR OWN PHYSICIAN RECRUITMENT, SELECTION AND

STAFFING; THEY ARE LEGALLY SEPARATE ENTITIES INDEPENDENT FROM HEALTH

PLAN, KFH AND EACH OTHER. THE PERMANENTE MEDICAL GROUPS GENERALLY

TREATS MEMBERS IN FACILITIES OWNED, LEASED OR CONTRACTED BY KFHP OR

KFH.

KFHP AND KFH ARE SEPARATE CORPORATIONS. KFH IS CONTRACTUALLY

OBLIGATED TO PROVIDE OR ARRANGE NECESSARY HOSPITAL SERVICES AND

FACILITIES FOR HEALTH PLAN MEMBERS. KFH OWNS AND OPERATES 38 LICENSED

HOSPITALS IN CALIFORNIA, HAWAII AND OREGON, WHICH PROVIDE EMERGENCY

AND IN-PATIENT SERVICES TO ALL PERSONS IN THE COMMUNITY REGARDLESS OF

MEMBERSHIP OR ABILITY TO PAY. STAFF PRIVILEGES ARE AVAILABLE ON A

NONDISCRIMINATORY BASIS TO PHYSICIANS IN THE COMMUNITIES SERVED. KFH

ALSO CONTRACTS WITH OTHER COMMUNITY HOSPITALS TO PROVIDE HOSPITAL

SERVICES TO MEMBERS FOR SPECIALIZED CARE AND OTHER SERVICES.

THROUGH THE KAISER PERMANENTE MISSION, THE ORGANIZATION CONTRIBUTES

TO THE HEALTH OF THE COMMUNITIES IN TWO SUBSTANTIVE WAYS. FIRST,

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KAISER PERMANENTE STRIVES FOR EXCELLENCE IN SERVING ITS 8.6 MILLION

MEMBERS THROUGH MARKET-LEADING PERFORMANCE IN QUALITY, SERVICE AND

AFFORDABILITY. BY DOING SO, KAISER PERMANENTE PROVIDES A DISCIPLINE

IN THE MARKETPLACE BY DEMONSTRATING MEANINGFUL VALUE AND

AFFORDABILITY, AND GENERATING RESOURCES TO REINVEST IN THE

COMMUNITY'S HEALTH.

SECOND, KAISER PERMANENTE DIRECTLY INVESTS IN IMPROVEMENTS TO

COMMUNITY HEALTH BY WORKING TO INCREASE ACCESS FOR THE UNDERSERVED,

DISSEMINATING CARE IMPROVEMENTS, ALTERING THE SOCIAL DETERMINANTS OF

HEALTH, EDUCATING HEALTHCARE WORKERS AND CONSUMERS, AND INFORMING

PUBLIC POLICY.

THIS LATTER APPROACH, WHICH KAISER PERMANENTE CALLS THE DIRECT

COMMUNITY BENEFIT INVESTMENT (DCBI), IS FUNDAMENTAL TO BEING A

NONPROFIT ORGANIZATION. IT EMBODIES THE ORGANIZATION'S COMMITMENT TO

IMPROVE THE HEALTH OF COMMUNITIES BEYOND SERVICES TO HEALTH PLAN

MEMBERS. IT IS MORE THAN TRADITIONAL CORPORATE CITIZENSHIP OR

CORPORATE PHILANTHROPY. IT IS AN INTENTIONAL, PLANNED, BUDGETED,

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MEASURABLE, ACCOUNTABLE CREATION FOR BETTER HEALTH IN OUR

COMMUNITIES. IT IS DONE IN COLLABORATION WITH, NOT IN ISOLATION FROM,

THE COMMUNITY. DCBI SERVES TO FULFILL KAISER PERMANENTE'S SOCIAL

PURPOSE, JUSTIFY ITS TAX-EXEMPT STATUS, AND DIFFERENTIATE IT FROM

OTHER HEALTH CARE ORGANIZATIONS.

THIS TRADITION OF COMMUNITY BENEFIT DATES FROM THE EARLIEST DAYS OF

THE PROGRAM, WHEN CHARITABLE CARE TO NON-EMPLOYEES, AND LATER,

NONMEMBERS, WAS INITIATED. THAT HERITAGE HAS CONTINUED THROUGH THE

YEARS IN KAISER PERMANENTE'S EARLY PARTICIPATION IN PUBLICLY FINANCED

PROGRAMS SUCH AS MEDICAID AND MEDICARE, ESTABLISHMENT OF RESIDENCY

TRAINING AND MEDICAL RESEARCH PROGRAMS, AND LATER, IN THE DEVELOPMENT

OF THE EDUCATIONAL THEATRE, SAFETY NET PARTNERSHIPS, COMMUNITY HEALTH

INITIATIVES AND CHARITABLE COVERAGE PROGRAMS.

IN 2001, THE BOARD REAFFIRMED DCBI AS A NATIONAL PROGRAM AND SET THE

FOLLOWING FOUR GOALS:

1. ADDRESS CRITICAL QUESTIONS IN AMERICAN HEALTH CARE THAT THE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROGRAM'S HISTORY, CULTURE AND COMPETENCIES POSITION IT UNIQUELY TO

EXAMINE.

2. BUILD THE REPUTATION OF KAISER PERMANENTE FOR ITS LEADERSHIP IN

HELPING TO SOLVE MAJOR HEALTH CHALLENGES.

3. CREATE A PROGRAM THAT ENGAGES THE CREATIVITY AND SPIRIT OF THE

PEOPLE OF KAISER PERMANENTE AT ALL LEVELS.

4. MEET THE REQUIREMENTS PLACED ON KFH, KFHP, AND ITS SUBSIDIARY

HEALTH PLANS AS TAX-EXEMPT ORGANIZATIONS THAT RETURN VALUE TO THE

COMMUNITIES SERVED BEYOND THE PROVISION OF HEALTH CARE TO MEMBERS.

THE BOARD DIRECTED THAT THIS NEW DCBI PROGRAM BE GUIDED BY A NATIONAL

STRATEGY, WITH CONTINUED LOCAL FLEXIBILITY AND IMPLEMENTATION. THE

PROGRAM IS SUPPORTED BY NATIONAL AND REGIONAL FUNDING POOLS, AND

BUILT ON THE ORGANIZATION'S INTEGRATED HEALTHCARE SYSTEM. IN 2007,

THE KFHP/H BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATION

COMMUNITY BENEFIT PROGRAM AND ESTABLISHED THE FOLLOWING FOUR PRIORITY

AREAS THAT HAVE COME TO BE KNOWN AS "STREAMS OF WORK":

- CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR UNDER- AND UNINSURED.

- COMMUNITY HEALTH INITIATIVES - DESIGNS, DELIVERS, AND SUSTAINS

LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE

CONDITIONS IN THEIR NEIGHBORHOODS.

- SAFETY NET PARTNERSHIPS - BUILDS PARTNERSHIPS WITH COMMUNITY

CLINICS, LOCAL HEALTH DEPARTMENTS, AND PUBLIC HOSPITALS. PROVIDE

FUNDING, TECHNICAL ASSISTANCE, DISSEMINATION OF CARE MANAGEMENT AND

QUALITY IMPROVEMENTS TECHNOLOGY TO HELP IMPROVE CARE AND EXPAND

TREATMENT CAPACITY FOR VULNERABLE POPULATIONS.

- DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVE HEALTH CARE BY

SHARING OUR KNOWLEDGE- EDUCATING PRACTITIONERS, ADVANCING RESEARCH,

EMPOWERING CONSUMERS AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE

BASE FOR CARE AND HEALTH.

THE KFHP/H BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE OF THE

BOARD OF DIRECTORS TO OVERSEE THE PROGRAM-WIDE COMMUNITY BENEFIT

PROGRAM. KAISER PERMANENTE ALSO HAS A NATIONAL EXECUTIVE OF KFHP AND

KFH TO LEAD KAISER PERMANENTE'S COMMUNITY BENEFIT PROGRAM AS A

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FULL-TIME ASSIGNMENT. RAYMOND J. BAXTER, PHD IS THE SENIOR VICE

PRESIDENT FOR COMMUNITY BENEFIT, RESEARCH AND HEALTH CARE POLICY

REPORTING TO THE CEO AND CHAIRMAN OF THE BOARD.

AS PART OF THEIR ANNUAL INCENTIVE PLAN, ALL KFHP/H EXECUTIVES ARE

REQUIRED TO INCLUDE A PERFORMANCE OBJECTIVE RELATED TO COMMUNITY

BENEFIT. EXECUTIVES ESTABLISH GOALS, EXPECTED RESULTS AND REPORT ON

ACCOMPLISHMENTS AT YEAR-END. THE OBJECTIVES ARE INTENDED TO ADVANCE

THE WORK AND STRATEGIES OF THE ORGANIZATION'S COMMUNITY BENEFIT

PROGRAMS.

**ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:**

CALIFORNIA, OREGON



## Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H PART IV - MANAGEMENT COMPANIES AND JOINT VENTURES

NAME OF ENTITY: PORTLAND HSC  
 DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: LAUNDRY SERVICES  
 ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 22.00000  
 OFFICERS, DIRECTORS, TRUSTEES, ETC PROFIT % OR STOCK OWNERSHIP %: 0.00000  
 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 0.00000

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	A BETTER LA EXPO CENTER 3980 S MENLO AVENUE	20-2274095	501 (C) (3)	50,000.				SUMMER NIGHT LIGHTS
	A BETTER WAY - BERKELEY 3200 ADELINE STREET BERKELEY, CA 94703	93-1190792	501 (C) (3)	10,000.				PARENT EMPOWERMENT P
	A MORE EXCELLENT WAY HLTH IMPROVEMNT ORGANI 215 LIGHTHOUSE DRIVE VALLEJO, CA 94590	14-2011697	501 (C) (3)	20,000.				BREASTFEEDING PROJEC
	A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE	95-4427291	501 (C) (3)	12,000.				APCH COUNSELING PROG
	A SAFE PLACE PO BOX 23006 OAKLAND, CA 94623	94-2491881	501 (C) (3)	15,000.				COMMUNITY COUNSELING
	A WINDOW BETWEEN WORLDS 710 4TH AVENUE SUITE 5 VENICE, CA 90291	95-4448606	501 (C) (3)	8,000.				LOS ANGELES CHILDREN
	ACCESS TO THE FUTURE 25364 ALESSANDRO BOULEVARD	33-0540223	501 (C) (3)	6,000.				ACCOMPLISHED CITIZEN
	AFGAN CARE 22470 FOOTHILL BLVD HAYWARD, CA 94541	94-3132203	501 (C) (3)	18,000.				HEALTH MANAGEMENT AN
	AFGHAN ELDERLY ASSOCIATION (AEA) 3300 CAPITOL AVE BLDG B FREMONT, CA 94536	94-3290111	501 (C) (3)	10,000.				WEIGHT CONTROL PROJ
	AFRICAN AMERICAN HLTH INST OF SAN BERNARDIN PO BOX 12083 SAN BERNARDINO, CA 92423	87-0745388	501 (C) (3)	10,000.				PROSTATE CANCER PREV
	AFRICAN AMERICAN PROSTATE CANCER INITIATIVE 9521 FOLSOM BLVD SUITE R	94-3387471	501 (C) (3)	10,000.				HEALTHY MEN, HEALTHY
	AIDS ASSISTANCE PROGRAM 1276 NORTH PALM CANYON DRIVE #108	33-0566442	501 (C) (3)	10,000.				FOOD VOUCHER PROGRAM

2 Enter total number of section 501(c)(3) and government organizations 1,054

3 Enter total number of other organizations 7

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

JSA

9E1288 2.000

92321C 646A

V 09-8.1

PAGE 85

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT THAT DESCRIBES PROGRESS

TOWARD GOALS, IMPACT TO DATE, AS WELL AS FINANCIAL ACCOUNTING FOR HOW

FUNDS WERE USED.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESEARCH ALLIANCE OF AMERICA 1400 SOUTH GRAND AVE SUITE 701	95-4264845	501(C)(3)	10,000.				CLINICAL TRIALS EDUC
AIDS SERVICE CENTER, INC 909 SOUTH FAIR OAKS AVENUE	95-4165358	501(C)(3)	59,500.				SUPPORT FOR COMMUNIT
AIDS SERVICES FOUNDATION OF ORANGE COUNTY 17982 SKYPARK CIRCLE SUITE J	33-0126481	501(C)(3)	25,000.				HIV CASE MANAGEMENT
AIRPORT MARINA COUNSELING SERVICE 7891 LA TIJERA BOULEVARD	95-2224149	501(C)(3)	12,000.				PSYCHIATRIC SERVICES
ALAMEDA COUNTY ASSOCIATED COMMUNITY ACTION 24100 AMADOR STREET 3RD FLOOR	94-2251759	GOVT ENTITY	10,000.				LIFE ENRICHMENT SUMM
ALAMEDA COUNTY DEPUTY SHERIFF'S ASSOCIATION 6689 OWENS DRIVE #100 PLEASANTON, CA 94588	83-0410537	GOVT ENTITY	10,000.				YOUTH LEADERSHIP COU
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT 7200 BANCROFT AVE #202 OAKLAND, CA 94605	94-6000501	GOVT ENTITY	10,000.				ASTHMA IN CONTROL
ALBERTINA KERR CENTERS 424 NE 22ND AVENUE PORTLAND, OR 97232	93-1297104	501(C)(3)	20,000.				CRISIS PSYCHIATRIC R
ALDEA, INC. 3299 CLAREMONT WAY NAPA, CA 94558	94-2159248	501(C)(3)	20,000.				MENTAL HEALTH SERVIC
ALEXANDRIA HOUSE 426 SOUTH ALEXANDRIA AVENUE	95-4809755	501(C)(3)	10,000.				COUNSELING PROGRAM F
AL-SHIFA CLINIC INC 2034-B MALLORY STREET	33-0855769	501(C)(3)	15,000.				DENTAL PROJECT
ALTAMED HEALTH SERVICES CORP. 500 CITADEL DRIVE SUITE 490	95-2810095	501(C)(3)	35,360.				SUPPORT FOR COMMUNIT
ALZHEIMER'S ASSOCIATION OF NORTHERN CA AND 1060 LA AVENIDA STREET	94-2897949	501(C)(3)	37,000.				COMMUNITY EDUCATION,
ALZHEIMER'S DISEASE AND RELATED DISORDERS A 17771 COWAN STE 200 IRVINE, CA 92614	95-3702013	501(C)(3)	15,000.				CUERPO SANO, MENTE S
ALZHEIMER'S SERVICES OF THE EAST BAY 2320 CHANNING WAY BERKELEY, CA 94704	94-3081330	501(C)(3)	15,000.				PREVENTION AND MANAG

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANECEER COMMUNITY COUNSELING SERVICE 1200 WILSHIRE BOULEVARD SUITE 510	95-3076578	501(C)(3)	8,000.				PROJECT CONNECT
AMBROSE RECREATION & PARK DISTRICT 3105 WILLOW PASS ROAD BAY POINT, CA 94565	94-1622656	GOVT ENTITY	17,000.				THE BAY POINT GARDEN
AMBULATORY SURGERY ACCESS COALITION 115 SANSOME STREET SUITE 1205	94-3180356	501(C)(3)	300,000.				OPERATION ACCESS: BR
AMERICAN CANCER SOCIETY INC, CALIFORNIA DIV 1710 WEBSTER ST OAKLAND, CA 94612	94-1170350	501(C)(3)	43,750.				GENERAL OPERATING &
AMERICAN DIABETES ASSOCIATION INC 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	24,500.				DIABETES FORUM, CHIL
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	55,999.				SUPPORT FOR COMMUNIT
AMERICAN LEGACY FOUNDATION 1724 MASSACHUSETTS AVENUE NW	91-1956621	501(C)(3)	10,000.				6TH ANNUAL AMERICAN
AMERICAN LUNG ASSOCIATION OF CALIFORNIA 424 PENDLETON WAY OAKLAND, CA 94621	94-0362650	501(C)(3)	108,000.				ASTHMA MANAGEMENT PR
AMERICAN NATIONAL RED CROSS, SAN FRANCISCO 85 SECOND ST 8TH FLOOR	94-3045430	501(C)(3)	30,000.				ARC BAY AREA CPR SAT
ANAHEIM COMMUNITY FOUNDATION 200 SOUTH ANAHEIM BLVD SUITE 433	33-0033023	501(C)(3)	10,000.				RIVERDALE YOUTH SPOR
ANTELOPE VALLEY COMMITTEE ON AGING 858 WEST JACKMAN STREET SUITE 201	23-7360206	501(C)(3)	10,000.				ANTELOPE VALLEY COMM
ANTELOPE VALLEY COMMUNITY CLINIC 1122 WAVENUE L-12 #103 LANCASTER, CA 93534	26-0574826	501(C)(3)	20,000.				PREVENTIVE HEALTH CA
ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL 1150 WEST AVENUE I LANCASTER, CA 93539	95-3582588	501(C)(3)	10,000.				STRENGTHENING YOUNG
ANTELOPE VALLEY PARTNERS FOR HEALTH 815 WEST LANCASTER BLVD LANCASTER, CA 93534	47-0957404	501(C)(3)	19,610.				SUPPORT FOR COMMUNIT
ANTIOCH DEVELOPMENT CORPORATION 8869 CEDAR AVENUE CLEVELAND, OH 44106	36-4497121	501(C)(3)	10,000.				2009 NATIONAL DIVERS

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 88

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA AGENCY ON AGING 400 CONTRA COSTA ST VALLEJO, CA 94590	94-2742309	501(C)(3)	20,000.				LATINO OUTREACH COOR
ARROYO VISTA FAMILY HEALTH FOUNDATION 6000 NORTH FIGUEROA STREET	95-3514918	501(C)(3)	40,000.				ORAL HEALTH - DIGITA
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FO 450 SUTTER STREET SUITE 600	94-3030866	501(C)(3)	25,000.				ADVANCE THE HEALTH A
ASIAN & PACIFIC ISLANDER WELLNESS CENTER, I 730 POLK STREET 4TH FLOOR	94-3096109	501(C)(3)	90,000.				T-LISH OUTREACH & TE
ASIAN AMERICAN RECOVERY SERVICES 1115 MISSION ROAD	94-3007538	501(C)(3)	45,000.				NORTH COUNTY OUTREAC
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVENUE SUITE 300	94-2292491	501(C)(3)	95,600.				AACI HIV RAPID TESTI
ASIAN COMMUNITY MENTAL HEALTH BOARD 310 8TH STREET SUITE 201 OAKLAND, CA 94607	94-2248390	501(C)(3)	22,835.				YOUTH PROMOTING ADOV
ASIAN HEALTH SERVICES 818 WEBSTER ST OAKLAND, CA 94607	94-2235908	501(C)(3)	15,000.				ASIAN TEENS FOR REPR
ASIAN PACIFIC AMERICAN LEGAL CTR OF SO CALI 1145 WILSHIRE BLVD SECOND FLOOR	95-3854152	501(C)(3)	24,100.				CONFERENCE SUPPORT-A
ASIAN PACIFIC AMERICAN MEDICAL STUDENTS ASS 410 N CHAPEL STREET BALTIMORE, MD 21231	06-1454427	501(C)(3)	10,000.				HEPATITIS B OUTREACH
ASIAN PACIFIC COMMUNITY COUNSELING 7273 14TH AVENUE SUITE 120-B	94-2489666	501(C)(3)	20,000.				YOUTH AND FAMILY VIO
ASIAN PACIFIC HEALTH CARE VENTURE INC 1530 HILLHURST AVENUE SUITE 200	95-4177752	501(C)(3)	122,000.				HEALTH CARE COVERAGE
ASIAN YOUTH CENTER 100 W CLARY AVENUE SAN GABRIEL, CA 91776	33-0383691	501(C)(3)	12,000.				TEEN LEADERSHIP AND
ASSISTANCE LEAGUE OF REDLANDS 700 E REDLANDS BOULEVARD SUITE U-290	95-2131653	501(C)(3)	10,000.				GENERAL OPERATING SU
ASSISTANCE LEAGUE OF SAN BERNARDINO 580 WEST 6TH STREET	95-6065105	501(C)(3)	10,000.				GENERAL OPERATING SU

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA 1370 NORTH ST ANDREWS PLACE	95-1641960	501(C)(3)	10,000.				FAMILY SERVICE AGENC
ASTHMA RESOURCE CENTER OF SAN FRANCISCO, IN 527 BAKER STREET SAN FRANCISCO, CA 94117	94-3320216	501(C)(3)	25,000.				MAKING PATIENTS PART
AUNTIE HELEN'S FLUFF 'N FOLD 4028 30TH STREET SAN DIEGO, CA 92104	33-0367163	501(C)(3)	10,000.				GENERAL OPERATING SU
AXIS COMMUNITY HEALTH INC 4361 RAILROAD AVENUE PLEASANTON, CA 94566	94-2232394	501(C)(3)	27,637.				TOOLS FOR QUALITY HE
BAKERSFIELD AIDS PROJECT 910 GRACE STREET BAKERSFIELD, CA 93305	77-0401117	501(C)(3)	14,860.				PROJECT SUPPORT CAPA
BALDWIN PARK UNIFIED SCHOOL DISTRICT 4640 NORTH MAINE AVE BALDWIN PARK, CA 91706	95-6000213	GOVT ENTITY	32,500.				BALDWIN PARK COMMUNI
BAY AREA AFTER SCHOOL ALL STARS 514 VALLEY WAY MILPITAS, CA 95035	77-0441284	501(C)(3)	15,000.				FIT FOR LEARNING HEA
BAY AREA BLACK UNITED FUND, INC. 1212 BROADWAY SUITE 730 OAKLAND, CA 94612	94-2602958	501(C)(3)	80,000.				CRITICAL MASS HEALTH
BAY AREA COMMUNITY RESOURCES 171 CARLOS DRIVE SAN RAFAEL, CA 94903	94-2346815	501(C)(3)	40,000.				GATEWAY'S SCHOOL-LIN
BAY AREA WOMENS SPORTS INITIATIVE 1922 THE ALAMEDA SUITE #100	55-0897084	501(C)(3)	41,600.				SUPPORT COMMUNITY PR
BEING ALIVE PEOPLE WITH HIV/AIDS ACTION COA 7531 SANTA MONICA BOULEVARD SUITE 100A	95-4137742	501(C)(3)	6,000.				YOUNG AND THE RESTLE
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA, CA 94510	68-0294153	501(C)(3)	7,500.				BENICIA COMMUNITY AC
BENICIA EDUCATION FOUNDATION 123 GILL COURT BENICIA, CA 94510	68-0173278	501(C)(3)	16,600.				TOOTH MOBILE
BENICIA UNIFIED SCHOOL DISTRICT 350 EAST K STREET BENICIA, CA 94510	30-0385724	GOVT ENTITY	15,000.				HEALTHY COOKING WITH
BETHANY SERVICES 1600 EAST TRUXTON AVENUE	95-2858936	501(C)(3)	80,000.				GENERAL OPERATING SU

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BICYCLE TRANSPORTATION ALLIANCE 233 NW 5TH AVENUE PO BOX 9072	93-1057956	501(C)(3)	85,000.				CHILDREN'S HEALTH
BIENESTAR HUMAN SERVICES, INC. 5326 EAST BEVERLY BOULEVARD	95-4505737	501(C)(3)	39,104.				HIV TREATMENT EDUCAT
BIG BROTHERS BIG SISTERS OF CENTRAL CALIFOR 905 N FULTON STREET FRESNO, CA 93728	94-1668376	501(C)(3)	25,000.				MENTORING CHILDREN O
BIG BROTHERS BIG SISTERS OF THE NORTH BAY, 1618 SECOND ST SAN RAFAEL, CA 94901	94-2502278	501(C)(3)	15,000.				OPERATION THRIVE
BIG BROTHERS BIG SISTERS OF VENTURA COUNTY 445 ROSEWOOD ST SUITE Q FILLMORE, CA 93010	20-3425568	501(C)(3)	15,000.				ONE STEP A LA VEZ TO
BIKES BELONG FOUNDATION 1928 PEARL STREET BOULDER, CO 80302	20-4306888	501(C)(3)	95,000.				SAFE ROUTES TO SCHOO
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 95050	94-2221849	501(C)(3)	15,000.				RUNAWAY AND HOMELESS
BLACK UNITED FUND OF OREGON INC. 2828 NE ALBERTA PORTLAND, OR 97211	93-0843267	501(C)(3)	26,731.				COMMUNITY GIVING CAM
BOYS & GIRLS CLUB OF EL SOBRANTE 4660 APPIAN WAY EL SOBRANTE, CA 94803	94-1525614	501(C)(3)	15,000.				TRIPLE PLAY HEALTHY
BOYS & GIRLS CLUB OF HOLLYWOOD 850 N CAHUENGA BLVD HOLLYWOOD, CA 90038	95-1775142	501(C)(3)	6,000.				CIRCUIT WEIGHT TRAIN
BOYS & GIRLS CLUB OF SAN GABRIEL VALLEY 2740 MOUNTAIN VIEW ROAD EL MONTE, CA 91732	95-2307624	501(C)(3)	23,000.				MOTEL KIDS, NUTRITON
BOYS & GIRLS CLUB OF SANTA CLARITA VALLEY F 24909 NEWHALL AVENUE	54-2069842	501(C)(3)	9,000.				TRIPLE PLAY
BOYS & GIRLS CLUB OF THE FOOTHILLS 600 SOUTH SHAMROCK AVENUE	95-4453545	501(C)(3)	6,000.				SMART MOVES
BOYS & GIRLS CLUBS NORTH SAN MATEO COUNTY 201 WEST ORANGE AVENUE	94-1497000	501(C)(3)	30,000.				TRIPLE PLAY: A GAME
BOYS & GIRLS CLUBS OF SILICON 518 VALLEY WAY MILPITAS, CA 95035	94-1294898	501(C)(3)	33,000.				TRIPLE PLAY: A GAME

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 91



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTHWEST COUNTY 28790 PUJOL STREET TEMECULA, CA 92590	33-0475756	501(C)(3)	10,000.				TRIPLE PLAY AFTERSCH
BOYS AND GIRLS CLUB OF BAKERSFIELD 801 NILES ST BAKERSFIELD, CA 93305	95-2462246	501(C)(3)	8,000.				BOYS & GIRLS CLUBS O
BOYS AND GIRLS CLUBS OF ANAHEIM INC 311 EAST BROADWAY ANAHEIM, CA 92805	33-0356284	501(C)(3)	15,000.				MOTEL KIDS OUTREACH
BOYS AND GIRLS CLUBS OF CARSON 2255 E 220TH ST SUITE 175	33-0475452	501(C)(3)	10,875.				SUPPORT FOR COMMUNIT
BOYS AND GIRLS CLUBS OF HUNTINGTON VALLEY 16582 BROOKHURST STREET	95-6192466	501(C)(3)	15,000.				TRIPLE PLAY PROGRAM
BOYS AND GIRLS CLUBS OF THE LOS ANGELES HAR 1200 S CABRILLO AVE SAN PEDRO, CA 90731	95-1661682	501(C)(3)	10,000.				FUN YOUTH FITNESS PR
BRAILLE INSTITUTE OF AMERICA, INC. 741 NORTH VERMONT AVE LOS ANGELES, CA 90029	95-1641426	501(C)(3)	20,000.				BRAILLE INSTITUTE'S
BREAST CANCER CONNECTIONS 390 CAMBRIDGE AVENUE PALO ALTO, CA 94306	77-0417605	501(C)(3)	15,000.				GABRIELLA PATSER PRO
BREAST CANCER EMERGENCY FUND 965 MISSION STREET SUITE 630	20-3203899	501(C)(3)	18,900.				THIS OLD BAG
BREATHE CALIFORNIA OF LOS ANGELES COUNTY 5858 WILSHIRE BLVD #300	95-1641451	501(C)(3)	10,000.				COPD MANAGEMENT
BREATHE CALIFORNIA OF SACRAMENTO-EMIGRANT T 909 12TH STREET SACRAMENTO, CA 95814-2931	94-1641240	501(C)(3)	45,500.				ASTHMA TOOL KIT 'YOU
BREATHE CALIFORNIA OF THE BAY AREA 1469 PARK AVENUE SAN JOSE, CA 95126	94-1156307	501(C)(3)	15,000.				CHILDREN'S ASTHMA PR
BRIGHTER BEGINNINGS 2648 INTERNATIONAL BLVD SUITE 801	94-2949749	501(C)(3)	64,080.				REDUCING SECONDARY T
BUILDING A GENERATION 129 EAST VINE STREET REDLANDS, CA 92373	54-2104001	501(C)(3)	10,000.				FAMILY FOCUS MENTAL
BUILDING FUTURES WITH WOMEN AND CHILDREN 1395 BANCROFT AVE SAN LEANDRO, CA 94577	94-3100741	501(C)(3)	10,000.				NUTRITION AND FOOD E

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 92

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTONWILLOW UNION SCHOOL DISTRICT 42600 HIGHWAY 58 BUTTONWILLOW, CA 93206	95-6000425	GOVT ENTITY	20,500.				BUTTONWILLOW SCHOOL
CALIFORNIA ASSOCIATION OF FOOD BANKS 1611 TELEGRAPH AVENUE SUITE 830	68-0392816	501(C)(3)	200,000.				HEALTHY EATING IN HA
CALIFORNIA BLACK WOMEN'S HEALTH PROJECT 101 NORTH LA BREA AVENUE SUITE 610	95-4702923	501(C)(3)	7,500.				POLICY SUMMIT 2009
CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY 1947 GALILEO CT SUITE 101	95-4723901	501(C)(3)	171,667.				CALIFORNIA CONVERGEN
CALIFORNIA COMMUNITY FOUNDATION 445 SOUTH FIGUEROA STREET SUITE 3400	95-3510055	501(C)(3)	20,000,000.				GENERAL OPERATING SU
CALIFORNIA FAMILY HEALTH COUNCIL 3600 WILSHIRE BOULEVARD SUITE 600	95-2564024	501(C)(3)	140,000.				GENERAL OPERATING SU
CALIFORNIA FOOD POLICY ADVOCATES 436 14TH STREET SUITE 1220	94-3163142	501(C)(3)	325,000.				GENERAL OPERATING SU
CALIFORNIA HEALTH FOUNDATION AND TRUST 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(C)(3)	50,000.				ACCESS TO QUALITY EN
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION 3835 NORTH FREEWAY BOULEVARD STE 100	94-6062822	501(C)(3)	50,000.				PHYSICIANS FOR A HEA
CALIFORNIA NURSING STUDENTS ASSOCIATION INC 3835 N FREEWAY BLVD SUITE 120	94-6104412	501(C)(3)	9,995.				FLC'S COOKIE JAR PRO
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 654 13TH STREET OAKLAND, CA 94612-3429	94-3306223	501(C)(3)	45,000.				GENERAL OPERATING SU
CALIFORNIA PARENTING INSTITUTE 3650 STANDISH AVENUE SANTA ROSA, CA 95407	94-2541640	501(C)(3)	9,080.				CHILD ABUSE TREATMEN
CALIFORNIA POOLS OF HOPE INC. 6801 LONG BEACH BLVD LONG BEACH, CA 90805	95-2382016	501(C)(3)	17,000.				GENERAL OPERATING SU
CALIFORNIA PRIMARY CARE ASSOCIATION 1215 K STREET SUITE 700	94-3215565	501(C)(3)	223,000.				GENERAL OPERATING SU
CALIFORNIA PROSTATE CANCER COALITION 1200 PROSPECT STREET SUITE 550	94-3349907	501(C)(3)	7,500.				DAVID LAWRENCE COMMU

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 93

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA RURAL LEGAL ASSISTANCE INC 631 HOWARD STREET SUITE 300	95-2428657	501(C)(3)	6,782.				SUPPORT FOR COMMUNIT
CALIFORNIA SCHOOL BOARDS RESEARCH FOUNDATIO 3100 BEACON BOULEVARD	94-1623582	501(C)(3)	20,000.				CONFERENCE SUPPORT 2
CALIFORNIA SCHOOL HEALTH CENTERS ASSOCIATIO 660 13TH STREET #202 OAKLAND, CA 94612-1076	94-3201896	501(C)(3)	80,000.				GENERAL OPERATING SU
CALIFORNIA TRANSPLANT DONOR NETWORK - OAKLA 1000 BROADWAY SUITE 600 OAKLAND, CA 94607	94-3062436	501(C)(3)	33,000.				KIDNEY EARLY EVALUAT
CALIFORNIA WIC ASSOCIATION 1107 NINTH STREET #625 SACRAMENTO, CA 95814	68-0271696	501(C)(3)	37,500.				MAKING CHANGE MATTER
CALIFORNIA WOMEN'S ASSOC FOR EDUCATION & RE 1029 K STREET SUITE 35 SACRAMENTO, CA 95814	51-0184448	501(C)(3)	12,500.				EVENT AND CONFERENCE
CAMARILLO HEALTH CARE DISTRICT 3639 E LAS POSAS RD STE 117	95-2834854	501(C)(3)	15,000.				CARE CONSULTATION PR
CAMP LAUREL FOUNDATION 75 SOUTH GRAND AVENUE PASADENA, CA 91105	95-4429260	501(C)(3)	6,000.				CAMP LAUREL'S 2009 P
CANGRESS 530 S MAIN ST LOS ANGELES, CA 90013	02-0661629	501(C)(3)	12,000.				HEALTH PROMOTION AND
CAPITAL CITY AIDS FUND 2331 L STREET SUITE B SACRAMENTO, CA 95816	68-0385175	501(C)(3)	15,000.				AIDS CHALLENGE, AIDS
CATHOLIC CHARITIES OF SANTA CLARA COUNTY 2625 ZANKER ROAD SAN JOSE, CA 95134	94-2762269	501(C)(3)	60,000.				SUPPORT COMMUNITY HE
CATHOLIC CHARITIES OF STOCKTON 1106 NORTH EL DORADO STREET	94-1629114	501(C)(3)	17,721.				CATHOLIC CHARITIES F
CATHOLIC CHARITIES OF THE DIOCESE OF OAKLAN 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501(C)(3)	30,000.				MULTICULTURAL SENIOR
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA 987 AIRWAY COURT SANTA ROSA, CA 95403	94-2479393	501(C)(3)	50,000.				EMERGENCY SERVICES F
CATHOLIC CHARITIES OF THE DIOCESE OF STOCKT 400 12TH STREET SUITE 4 MODESTO, CA 95354	94-1629114	501(C)(3)	41,958.				STANISLAUS COUNTY CH

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501(C)(3)	50,000.				OAKLAND HOUSING PLUS
CATHOLIC CHARITIES, SAN BERNARDINO/RIVERSID 1450 NORTH D STREET	95-3516461	OTHER	10,000.				HOPE IN THE CITY-HEA
CENTER FOR ADVANCED RESEARCH AND TECHNOLOGY 2555 CLOVIS AVENUE CLOVIS, CA 93612	77-0496752	501(C)(3)	17,528.				CART BIOMEDICAL ENGI
CENTER FOR AIDS RESEARCH EDUCATION & SERVICE 1500 21ST ST SACRAMENTO, CA 95811	68-0162903	501(C)(3)	125,000.				HIV AND STD TESTING
CENTER FOR HEALTHCARE DECISIONS, INC. 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	68-0441958	501(C)(3)	15,000.				HELPING PEOPLE PREPA
CENTER FOR HUMAN DEVELOPMENT 391 TAYLOR BOULEVARD SUITE 120	94-2520840	501(C)(3)	18,000.				TEENS NIX TOBACCO
CENTER FOR MEDICAL TECHNOLOGY POLICY 401 EAST PRATT STREET SUITE 631	26-1409553	501(C)(3)	95,000.				COMPARATIVE EFFECTIV
CENTER JOINT UNIFIED SCHOOL DISTRICT 3401 SCOTLAND DR ANTELOPE, CA 95843	94-6002490	GOVT ENTITY	12,300.				HEALTHY EATING, ACTI
CENTINELA YOUTH SERVICE, INC. 11539 HAWTHORNE BLVD FLOOR 5	95-3821576	501(C)(3)	9,500.				FAMILY MEDIATION AND
CENTRAL CITY COMMUNITY HEALTH CENTER 5230 EAST BEVERLY BOULEVARD	95-4492570	501(C)(3)	90,000.				HOMELESS HEALTH CARE
CENTRAL CITY CONCERN, INC. 232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501(C)(3)	60,500.				RECUPERATIVE CARE PR
CENTRAL CITY LUTHERAN MISSION 1354 NORTH 'G' STREET	33-0634580	501(C)(3)	30,000.				EXPANSION OF SERVICE
CENTRAL VALLEY CHILDRENS SERVICES NETWORK 1911 NORTH HELM FRESNO, CA 93727	77-0026968	501(C)(3)	35,000.				AGES AND STAGES ASSE
CENTRAL VALLEY HEALTH NETWORK, INC. 2000 O STREET SUITE 100	68-0429643	501(C)(3)	35,000.				GENERAL OPERATING SU
CENTRO BINACIONAL PARA EL DESARROLLO INDIGE 744 N ABBY STREET FRESNO, CA 93701	77-0337939	501(C)(3)	40,000.				'NA YIVI DAATUN/GENT

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE SALUD-HEW 1 SAN YSIDRO HEALTH CEN 4004 BEYER BOULEVARD SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	229,000.				GENERAL OPERATING SU
CESAR E. CHAVEZ FOUNDATION 634 S SPRING STREET SUITE 400	77-0379630	501(C)(3)	9,520.				9TH ANNUAL EDUCATING
CHABOT COLLEGE FOUNDATION 25555 HESPERIAN BLVD SUITE 220	20-0027721	501(C)(3)	35,000.				SMOKE & ASHES (TOBAC
CHARLOTTE MAXWELL COMPLEMENTARY CLINIC 610 16TH STREET SUITE 426 OAKLAND, CA 94612	94-3116456	501(C)(3)	20,000.				ENSURING ACCESS TO C
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENT 4700 ROSEVILLE ROAD	94-2833431	501(C)(3)	25,000.				COMMUNITY MOBILIZATI
CHILD ADVOCATES OF SANTA CLARA & SANMATEO C 509 VALLEY WAY BLDG 2 MILPITAS, CA 95035	77-0250773	501(C)(3)	10,000.				CHILD ADVOCATES SCHO
CHILD CARE COORDINATING CNCL OF SANMATEO CN 2121 S EL CAMINO REAL SUITE A-100	94-2226587	501(C)(3)	16,209.				4 C'S COMMUNITY HEAL
CHILD START, INC. 439 DEVLIN ROAD NAPA, CA 94558	68-0442009	501(C)(3)	9,132.				HAPPY HEARTS PROGRAM
CHILDHOOD MATTERS 221 OAK STREET OAKLAND, CA 94607	26-0098527	501(C)(3)	40,800.				NUESTROS NINOS AND C
CHILDREN NOW 1212 BROADWAY 5TH FLOOR OAKLAND, CA 94612	94-3059243	501(C)(3)	25,000.				EXPANDING CALIFORNIA
CHILDRENS DENTAL CENTER 300 EAST BUCKTHORN STREET	95-4533883	501(C)(3)	162,000.				ORAL HEALTH FOR UNDE
CHILDREN'S DENTAL FOUNDATION 455 E COLUMBIA STREET LONG BEACH, CA 90806	95-2111124	501(C)(3)	20,225.				SUPPORT FOR COMMUNIT
CHILDRENS FUND INCORPORATED 825 E HOSPITALITY LANE 2ND FLOOR	33-0193286	501(C)(3)	10,000.				CHILDREN'S DAILY REF
CHILDREN'S SERVICE FUND 9680 CITRUS AVENUE FONTANA, CA 92334	33-0035918	501(C)(3)	25,000.				GENERAL OPERATING SU
CHINATOWN SERVICE CENTER 767 NORTH HILLS STREET STE 400	95-2918844	501(C)(3)	9,425.				SUPPORT FOR COMMUNIT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN HELP CENTER 2166 SACRAMENTO STREET VALLEJO, CA 94590	94-2825148	501(C)(3)	50,000.				CHRISTIAN HELP CENTE
CHRISTIE'S PLACE, INC. 2440 THIRD AVENUE SAN DIEGO, CA 92101	91-1878632	501(C)(3)	10,000.				GENERAL OPERATING SU
CITRUS VALLEY HEALTH FOUNDATION 1115 SOUTH SUNSET AVE WEST COVINA, CA 91790	95-2534063	501(C)(3)	10,000.				EVERY CHILD'S HEALTH
CITY OF CONCORD 1950 PARKSIDE DR M/S 10 CONCORD, CA 94519	94-6000315	GOVT ENTITY	6,000.				MONUMENT COMMUNITY H
CITY OF CORONA 400 S VICENTIA STREET CORONA, CA 92880	95-6000697	GOVT ENTITY	5,500.				FAN (FITNESS AND NUT
CITY OF FONTANA 9460 SIERRA AVENUE FONTANA, CA 92335	95-6004770	GOVT ENTITY	8,000.				BE SMART, BE HEALTHY
CITY OF FREMONT 3300 CAPITOL AVE BLDG B FREMONT, CA 94538	94-6027361	GOVT ENTITY	7,500.				RESIDENTIAL CARE FAC
CITY OF FRESNO 4670 E BUTLER AVENUE FRESNO, CA 93702	94-6000338	GOVT ENTITY	25,000.				HEALTHY LIFESTYLE FI
CITY OF LA MESA 4975 MEMORIAL DRIVE LA MESA, CA 91942	95-6000731	GOVT ENTITY	30,000.				LOCAL PARTNERSHIP GR
CITY OF LIVERMORE 1052 S LIVERMORE AVE LIVERMORE, CA 94568	94-6000359	GOVT ENTITY	12,000.				FAMILIES AND TEENS C
CITY OF LONG BEACH DEPART OF HLTH & HUMAN S 2525 GRAND AVENUE LONG BEACH, CA 90815	95-6000733	GOVT ENTITY	60,000.				HEALTH ACCESS THROUG
CITY OF MONTCLAIR 5111 BENITO STREET MONTCLAIR, CA 91763	95-6005731	GOVT ENTITY	12,000.				THE MONTCLAIR GATEWA
CITY OF NEWARK RECREATION AND COMMUNITY SRV 6800 MCWRY AVE NEWARK, CA 94560	94-6027360	GOVT ENTITY	20,000.				NEWARK GENERATION FI
CITY OF PORTLAND OREGON CITY HALL 1221 SW 4TH AVE RM 110	93-6002236	GOVT ENTITY	149,500.				TEN TOE EXPRESS WALK
CITY OF RANCHO CUCAMONGA 10500 CIVIC CENTER DRIVE	95-3213002	GOVT ENTITY	8,000.				C.A.S.A.COCINANDO AM

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 97

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SACRAMENTO							
CITY HALL 915 I STREET 5TH FLOOR	94-6000410	GOVT ENTITY	207,484.				VIOLENCE INTERVENTIO
CITY OF SAN BERNARDINO							
1350 SOUTH 'E' STREET	95-6000772	GOVT ENTITY	20,000.				GENERAL OPERATING SU
CITY OF SAN LEANDRO - PUBLIC LIBRARY							
300 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-60000421	501(C)(3)	10,000.				LIBRARY TEENS KEEP H
CITY OF UNION CITY							
34009 ALVARADO-NILES RD	94-6036941	GOVT ENTITY	10,000.				PARENT PROJECT
CLINICA MONSEÑOR OSCAR A. ROMERO							
123 SOUTH ALVARADO STREET	95-3881333	501(C)(3)	102,000.				HIV/AIDS WORKSHOP TO
CLINICA SIERRA VISTA							
PO BOX 1559 BAKERSFIELD, CA 93302	95-2707101	501(C)(3)	140,125.				WAYWARD WARRIORS, SA
COALITION FOR A LIVABLE FUTURE							
310 SW 4TH AVE SUITE 612 PORTLAND, OR 97204	93-1278845	501(C)(3)	10,000.				2009 REGIONAL LIVABI
COALITION OF COMMUNITY HEALTH CLINICS							
619 SW 11TH AVE SUITE 225	91-1829239	501(C)(3)	18,300.				COMMUNITY HEALTH SER
COALITION OF ORANGE COUNTY COMMUNITY CLINIC							
17701 COWAN AVENUE SUITE 220	95-2900725	501(C)(3)	344,500.				GENERAL OPERATING SU
COALITION TO ABOLISH SLAVERY & TRAFFICKING							
5042 WILSHIRE BLVD SUITE 586	10-0008533	501(C)(3)	75,000.				SEEDS OF RENEWAL
COASTSIDE HEALTH COMMITTEE							
490 MIRAMONTES AVE HALF MOON BAY, CA 94019	94-2956085	501(C)(3)	10,000.				THE HEAL PROJECT (H
COASTSIDE MEDICAL DENTAL CLINICS, INC.							
210 SAN MATEO ROAD #104	94-3390196	501(C)(3)	10,000.				SENIOR SMILES PROGRA
COLECTIVE ROOTS GARDEN PROJECT							
1286 RUNNYMEDE STREET	71-0901459	501(C)(3)	20,000.				EAST PALO ALTO HEALT
COLLEGE OF MARIN FOUNDATION							
PO BOX 446 KENTFIELD, CA 94914	94-6109451	501(C)(3)	10,000.				MARIN SIMULATION CEN
COLLEGE OF THE DESERT FOUNDATION							
43-500 MONTEREY AVENUE	95-3829219	501(C)(3)	10,000.				PEDIATRIC PATIENT CA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 98

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA RIVER MENTAL HEALTH SERVICES 6926 NE FOURTH PLAIN BLVD	91-0609138	501(C)(3)	10,000.				SLT 2009 PROJECT, FU
COMMITTEE FOR A SILICON VALLEY WELLNESS COM 1055 MINNESOTA AVE SAN JOSE, CA 95125	20-5069900	501(C)(3)	15,000.				THE WELLNESS COMMUNI
COMMUNICARE HEALTH CENTERS 2051 JOHN JONES ROAD DAVIS, CA 95616	94-2188574	501(C)(3)	55,000.				BREAST CANCER SCREEN
COMMUNITY ACTION ORGANIZATION 1001 SW BASELINE ST HILLSBORO, OR 97123	93-0554941	501(C)(3)	20,000.				OPENING DOORS (PREGN
COMMUNITY ACTION PARTNERSHIP OF KERN 300 19TH STREET BAKERSFIELD, CA 93301	95-2402760	501(C)(3)	15,000.				SUPPORT FOR COMMUNIT
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUN 1300 NORTH DUTTON SANTA ROSA, CA 95401	94-1648949	501(C)(3)	24,600.				HEALTHY COMMUNITIES
COMMUNITY ACTION, MARIN 29 MARY STREET SAN RAFAEL, CA 94901	94-6136365	501(C)(3)	20,000.				MARIN ASIAN ADVOCACY
COMMUNITY ALLIANCE WITH FAMILY FARMERS FOUN 36355 RUSSELL BOULEVARD DAVIS, CA 95616	94-2914745	501(C)(3)	55,830.				BUILDING THE FARM TO
COMMUNITY CHILD CARE COORDINATING CNCL ALAME 22351 CITY CENTER DRIVE SUITE 200	23-7218859	501(C)(3)	20,000.				ASTHMA FRIENDLY CHIL
COMMUNITY CHOICES 2010 DBA COMMUNITY CHOICES 1101 BROADWAY SUITE 1	91-2094479	501(C)(3)	29,380.				COMMUNITY HEALTH SER
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES 1055 WILSHIRE BOULEVARD SUITE 1400	95-4576023	501(C)(3)	196,000.				GENERAL OPERATING SU
COMMUNITY CLINICS HEALTH NETWORK 7535 METROPOLITAN DRIVE SAN DIEGO, CA 92108	33-0759107	501(C)(3)	75,000.				SUPPORT FOR COMMUNIT
COMMUNITY COALITION FOR SUBSTANCE ABUSE PRV 8101 SOUTH VERMONT AVE	95-4298811	501(C)(3)	69,430.				SUPPORT FOR COMMUNIT
COMMUNITY FOOD SECURITY COALITION INC 3830 SE DIVISION STREET PORTLAND, OR 97202	06-1495135	501(C)(3)	8,650.				FOURTH NATIONAL FARM
COMMUNITY FOUNDATION SONOMA COUNTY 625 FIFTH STREET SANTA ROSA, CA 95404	68-0003212	501(C)(3)	20,000.				HEALTHY KIDS SONOMA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE OF PASADENA 1855 NORTH FAIR OAKS AVENUE SUITE 200	95-4536824	501(C)(3)	518,600.				SUPPORT FOR COMMUNIT
COMMUNITY HEALTH AWARENESS COUNCIL 711 CHURCH STREET MOUNTAIN VIEW, CA 94041	94-2223670	501(C)(3)	16,881.				BLOSSOM PROJECT, MOU
COMMUNITY HEALTH CHARITIES 5331 SW MACADAM AVE SUITE 350	23-7081441	501(C)(3)	31,307.				COMMUNITY GIVING CAM
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE SUITE 100	23-7221695	501(C)(3)	27,500.				PEDIACTRIC DENTAL SP
COMMUNITY HEALTH COUNCILS, INC. 3731 STOCKER STREET SUITE 201	95-4487664	501(C)(3)	85,000.				SUPPORT FOR COMMUNIT
COMMUNITY HEALTH PARTNERS 1452 HUDSON STREET SUITE 208	91-2016542	501(C)(3)	34,000.				COMMUNITY HEALTH SER
COMMUNITY HEALTH PARTNERSHIP 315 SW FIFTH AVENUE SUITE 202	93-1259522	501(C)(3)	14,500.				COMMUNITY HEALTH SER
COMMUNITY HEALTH SYSTEMS INC. 22675 ALESSANDRO BOULEVARD	33-0056551	501(C)(3)	24,500.				GENERAL OPERATING SU
COMMUNITY MATTERS 117 MORRIS STREET SUITE 230	68-0369720	501(C)(3)	25,000.				SAFE SCHOOL AMBASSAD
COMMUNITY MEDICAL CENTERS, INC. 7210 MURRAY DRIVE STOCKTON, CA 95201	94-2437106	501(C)(3)	62,048.				HEALTHY TOMORROW, T.
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET SUITE 240	95-4302067	501(C)(3)	380,000.				AGING AND MENTAL HEA
COMMUNITY PARTNERSHIP FOR FAMILIES OF SAN J 4707 KENTFIELD ROAD STOCKTON, CA 95207	68-0475602	501(C)(3)	75,000.				PROJECT FAMILY ECONO
COMMUNITY RESOURCE PROJECT, INC. 250 HARRIS AVENUE SACRAMENTO, CA 95838	94-2280427	501(C)(3)	50,000.				UTILITY ASSISTANCE S
COMMUNITY RESOURCES FOR INDEPENDENT LIVING, 439 A STREET HAYWARD, CA 94541	94-2598873	501(C)(3)	11,000.				HEALTHY LIVING AND H
COMMUNITY SETTLEMENT ASSOCIATION OF RIVERSI 4366 BERMUDA AVENUE	95-0642985	501(C)(3)	15,000.				HEALTHY HAPPY FAMILI

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VIOLENCE SOLUTIONS 2101 VAN NESS STREET SAN PABLO, CA 94806	94-2411924	501(C)(3)	10,000.				GENDER SPECIFIC TEEN
COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC 3795 E SHIELDS AVENUE FRESNO, CA 93726	94-2219412	501(C)(3)	23,000.				STUDENT ASSISTANCE P
CONejo FREE CLINIC 80 EAST HILLCREAST DRIVE #102	95-3177953	501(C)(3)	15,000.				FREE CLINICAL SERVIC
CONTINENTALS OF OMEGA BOYS AND GIRLS CLUB 1 POSITIVE PLACE VALLEJO, CA 94589	23-7129424	501(C)(3)	15,000.				TRIPLE PLAY
CONTINUING DEVELOPMENT INCORPORATED 111 NORTH MARKET ST #500 SAN JOSE, CA 95113	94-2376637	501(C)(3)	10,000.				CHILDHOOD FEEDING PR
CONTRA COSTA CHILD CARE COUNCIL 1035 DETROIT AVE CONCORD, CA 94518	94-2383037	501(C)(3)	20,000.				GROWING A HEALTHY FU
CONTRA COSTA COUNTY 597 CENTER AVENUE #115 MARTINEZ, CA 94553	94-6000509	GOVT ENTITY	30,600.				MONUMENT NUTRITION,
CONTRA COSTA COUNTY OFFICE OF EDUCATION 77 SANTA BARBARA ROAD	94-2675635	GOVT ENTITY	20,000.				COMMUNITY CHALLENGE
CONTRA COSTA INTERFAITH SPONSORING COMMITTEE 724 FERRY STREET MARTINEZ, CA 94553	68-0361176	501(C)(3)	25,000.				CONTRA COSTA HEALTH
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)(3)	15,000.				HOME VISITATION PROG
CORA COMMUNITY OVERCOMING RELATIONSHIP ABU 1633 BAYSHORE HIGHWAY - #280	94-2481188	501(C)(3)	50,000.				24 HOUR CRISIS HOTLI
CORNERSTONE FAMILY COUNSELING SERVICES 49370 ROAD 426 SUITE B OAKHURST, CA 93644	41-2147498	501(C)(3)	5,250.				CRISIS INTERVENTION
CORO SOUTHERN CALIFORNIA INC. 1000 N ALAMEDA STREET SUITE 240	95-4274561	501(C)(3)	47,500.				SUPPORT FOR COMMUNIT
CORONA-NORCO FAMILY YOUNG MENS CHRISTIAN AS 1331 RIVER ROAD CORONA, CA 92882	95-2879893	501(C)(3)	10,000.				PROJECT KICKING' IT
COUNCIL OF COMMUNITY CLINICS 7535 METROPOLITAN DRIVE SAN DIEGO, CA 92108	95-3008850	501(C)(3)	108,000.				GENERAL OPERATING SU

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 101

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTRY VILLAGE SENIOR SERVICES 10241 COUNTRY CLUB DRIVE SUITE H	33-0585428	501(C)(3)	6,500.				COUNTRY VILLAGE SENI
COUNTY OF ALAMEDA FAMILY JUSTICE CENTER 470 27TH STREET OAKLAND, CA 94612	94-6000501	GOVT ENTITY	15,000.				'CLIENT NAVIGATORS:
COUNTY OF LOS ANGELES 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-6000927	GOVT ENTITY	75,000.				QUALITY IMPROVEMENT
COUNTY OF ORANGE - SOCIAL SERVICES AGENCY 888 NORTH MAIN STREET SANTA ANA, CA 92701	95-6000928	GOVT ENTITY	75,000.				HEALTHY EATING IN HA
COUNTY OF SAN BERNARDINO 351 NORTH MOUNTAIN VIEW AVENUE	95-6002748	GOVT ENTITY	40,000.				ORAL HEALTH SERVICES
COUNTY OF SAN MATEO 225 37TH AVENUE SAN MATEO, CA 94403	94-6000532	GOVT ENTITY	25,000.				BUILDING HEALTHY COM
COUNTY OF SONOMA, DEPARTMENT OF HEALTH SERV 3313 CHANATE ROAD SANTA ROSA, CA 95404	94-6000539	GOVT ENTITY	10,000.				HEALTHYSONCMA.ORG
COURT APPOINTED SPECIAL ADVOCATES 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)(3)	50,000.				ADVOCATING FOR HEALT
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	10,957.				HIV RISK REDUCTION P
COVER THE HOMELESS MINISTRY 1332 S ORANGE DRIVE LOS ANGELES, CA 90019	91-2094255	501(C)(3)	7,000.				'YOU CAN BEGIN AGAIN
CRAFT COMMUNITY CARE CENTER INC 329 EAST LELAND ROAD PITTSBURG, CA 94564	20-1483590	501(C)(3)	5,318.				STS ACADEMY HEALTHY
CSUF COLLEGE OF HEALTH & HUMAN DEVELOPMENT 800 N STATE COLLEGE FULLERTON, CA 92834	33-0567945	501(C)(3)	15,000.				PRE-LICENSURE PROGRA
CSULA UNIVERSITY AUXILIARY SERVICES, INC. 5151 STATE UNIVERSITY DR FA 130	95-4016653	501(C)(3)	22,330.				SUPPORT FOR COMMUNIT
CULVER CITY EDUCATION FOUNDATION PO BOX 4178 CULVER CITY, CA 90231	95-3641300	501(C)(3)	10,000.				ADOLESCENT MENTAL HE
DAILY CITY PENINSULA PARTNERSHIP COLLABORATI 101 LAKE MERCED BOULEVARD	06-1734338	501(C)(3)	28,408.				HEALTHY AGING RESPON

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA 2000 301 WEST 10TH STREET SUITE 2	68-0420357	501(C)(3)	21,000.				GET FIT
DENTAL HEALTH FOUNDATION 520 3RD STREET SUITE 108 OAKLAND, CA 94607	94-3000350	501(C)(3)	192,500.				IMPROVING THE ORAL H
DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY	33-0068583	501(C)(3)	45,000.				DESERT AIDS PROJECT
DESTINY ARTS CENTER 1000 42ND STREET OAKLAND, CA 94608	94-3176726	501(C)(3)	10,000.				GROWING PEACEFUL WAR
DIGITAL CLUBHOUSE NETWORK 1650 SENTER ROAD SAN JOSE, CA 95112	05-0492943	501(C)(3)	10,000.				YOUTH HEALTH ADVOCAT
DIXON FAMILY SERVICES 155 N 2ND STREET DIXON, CA 95620	68-0041829	501(C)(3)	20,000.				MENTAL HEALTH CONTIN
DIXON UNIFIED SCHOOL DISTRICT 180 SOUTH FIRST STREET #6 DIXON, CA 95620	32-0183755	GOVT ENTITY	20,000.				HEALTH ACCESS AND CR
DOCTORS MEDICAL CENTER FOUNDATION 730 MCHENRY AVENUE MODESTO, CA 95350	51-0140385	501(C)(3)	44,643.				PREVENTING DIABETES
DOWNEY UNIFIED SCHOOL DISTRICT 13220 BELLFLOWER BLVD DOWNEY, CA 90242	95-6006586	GOVT ENTITY	20,000.				GENERAL OPERATING SU
EARLY CHILDHOOD MENTAL HEALTH PROGRAM 4101 MACDONALD AVE RICHMOND, CA 94805	94-2883469	501(C)(3)	14,200.				FAMILIAS SEGURAS
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVENUE OAKLAND, CA 94610	94-1358309	501(C)(3)	14,460.				CHILD ASSAULT PREVEN
EAST BAY ASIAN YOUTH CENTER 2025 EAST 12TH STREET OAKLAND, CA 94606	94-2925799	501(C)(3)	15,000.				REAL TALK: A CULTURA
EAST BAY COMMUNITY FOUNDATION 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	94-6070996	501(C)(3)	50,000,000.				DONOR ADVISED FUND F
EAST COUNTY FAITH BASED SUBCOMMITTEE CHLD WLF 4549 DELTA FAIR BLVD ANTIOCH, CA 94509	20-8682635	501(C)(3)	15,000.				KITCHEN STARTER KITS
EAST COUNTY KIDS-N-MOTION 3444 CHANDLER CIRCLE BAY POINT, CA 94565	41-2207708	501(C)(3)	12,000.				EXPANSION PROJECT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST SAN GABRIEL VALLEY COALITION FOR THE H 1345 TURNBULL CANYON ROAD	95-4508436	501(C)(3)	20,000.				EMERGENCY ASSISTANCE
EAST VALLEY COMMUNITY HEALTH CENTER INC 420 SOUTH GLENDORA AVENUE	23-7068586	501(C)(3)	499,331.				SUPPORT FOR COMMUNIT
EATING DISORDER RESOURCE CENTER 2105 S BASCOM AVE SUITE 220	68-0616393	501(C)(3)	10,000.				EATING DISORDERS AWA
ECCOCITY BUILDERS 924 PINE ST OAKLAND, CA 94607	68-0285073	501(C)(3)	10,000.				VILLAGE BOTTOMS FARM
EDEN I&R, INC. 570 B STREET HAYWARD, CA 94541	94-2339050	501(C)(3)	10,000.				ALAMEDA COUNTY 2-1-1
EDUCATION FOR HEALTHY CHOICES 3112 'O' STREET #4 SACRAMENTO, CA 95816	56-2486853	501(C)(3)	7,000.				MOVING MOUNTAINS: EX
EDUCATION FOUNDATION OF STANISLAUS COUNTY 1100 H STREET MODESTO, CA 95354	94-6002388	GOVT ENTITY	62,000.				FIT FOR THE FUTURE
EL CENTRO DE ACCION SOCIAL 37 E DEL MAR BLVD PASADENA, CA 91105	51-0192257	501(C)(3)	14,550.				SUPPORT FOR COMMUNIT
EL CENTRO DE LIBERTAD 1230 A HOPKINS REDWOOD CITY, CA 94062	94-3189174	501(C)(3)	15,000.				YOUTH INTERVENTION P
EL CONCILIO DEL CONDADO DE VENTURA 301 SOUTH C STREET OXNARD, CA 93030-5808	95-3792795	501(C)(3)	20,000.				BREAKTHROUGH YOUTH F
EL CONCILIO OF SAN MATEO COUNTY 1419 BURLINGAME AVE SUITE N	94-2772110	501(C)(3)	18,000.				NUESTRO CANTO DE SAL
EL MONTE UNION HIGH SCHOOL DISTRICT 3537 JOHNSON AVE EL MONTE, CA 91731	95-6001075	GOVT ENTITY	8,020.				SNACK SMART
EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD #350	95-3186429	501(C)(3)	20,000.				VISITING NURSE PROGR
EL PROYECTO DEL BARRIO INC 20800 SHERMAN WAY 3RD FLOOR	95-2662606	501(C)(3)	20,000.				PRIMARY CARE AT CLIN
EL VIENTO FOUNDATION 17261 OAK LANE HUNTINGTON BEACH, CA 92647	33-0905269	501(C)(3)	10,000.				EL VIENTO SWIM PROGR

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 104

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELK GROVE FOOD BANK SERVICES 8820 ELK GROVE BLVD ELK GROVE, CA 95624	38-3664737	501(C)(3)	10,000.				5TH ANNUAL RUN '4' I
ELK GROVE POLICE DEPARTMENT 8380 LAGUNA PALMS WAY ELK GROVE, CA 95758	94-3366854	GOVT ENTITY	25,000.				ELK GROVE STREET TEA
ELK GROVE UNIFIED SCHOOL DISTRICT 9510 ELK GROVE-FLORIN ROAD	94-6002501	GOVT ENTITY	73,232.				DON'T BUY THE LIE, H
EMERGENCY HOUSING CONSORTIUM OF SANTA CLARA 507 VALLEY WAY MILPITAS, CA 95035	94-2684272	501(C)(3)	50,000.				MEDICAL RESPITE PROG
EMERGENCY SHELTER PROGRAM, INC. 1180 B STREET HAYWARD, CA 94541	94-2212241	501(C)(3)	10,000.				ESP COMMUNITY HEALTH
ENVIRONMENTAL FEDERATION OF OREGON 319 SW WASHINGTON STE 501 PO BOX 40333	93-1001285	501(C)(3)	31,524.				COMMUNITY GIVING CAM
ENVIRONMENTAL STUDIES INSTITUTE, SANTA CLAR 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	15,000.				WILD ZONES
EPPIE'S GREAT RACE FOUNDATION 1111 HOWE AVENUE SUITE 140	20-2299609	501(C)(3)	39,980.				KIDS DUATHLON
EQUITY FOUNDATION INC. PO BOX 5696 123 NE 3RD PORTLAND OR 97232	93-1012688	501(C)(3)	41,004.				COMMUNITY GIVING CAM
ESPERANZA COMMUNITY HOUSING CORPORATION 2337 SOUTH FIGUEROA STREET	95-4230345	501(C)(3)	9,000.				GENERAL OPERATING SU
ESPERANZA YOUTH AND FAMILY CENTER INC 1536 SEVENTH STREET COACHELLA, CA 92236	33-0594902	501(C)(3)	10,000.				YEAR-UP YOUTH DEVELO
ESSENTIAL HEALTH CLINIC 266 WEST MAIN ST MS68 HILLSBORO, OR 97123	38-3672046	501(C)(3)	42,500.				COMMUNITY HEALTH SER
ESTRELLA FAMILY SERVICES INC. 1155 MERIDIAN AVE SUITE 110	94-2201749	501(C)(3)	10,000.				FAMILY FUN AND FITNE
EXPLORIT SCIENCE CENTER 2801 2ND STREET DAVIS, CA 95618	68-0010584	501(C)(3)	22,300.				HEALTH IN YOUR WORLD
FAIRFIELD-SUISUN UNIFIED SCHOOL DISTRICT 2490 HILLBORN ROAD FAIRFIELD, CA 94533	94-6001297	GOVT ENTITY	14,528.				SUMMER FOOD PROGRAM,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>FAITH IN ACTION</u>							
3303 WHITEMARSH LANE FAIRFIELD, CA 94534	68-0431992	501(C)(3)	15,000.				CHILDREN'S HEALTH AC
<u>FAMILIAS UNIDAS, DESAROLLO FAMILIA, INC.</u>							
205 39TH STREET RICHMOND, CA 94805	94-2751073	501(C)(3)	17,250.				PROYECTO BIENESTAR,
<u>FAMILIES FIRST, INC.</u>							
251 LLEWELLYN AVENUE CAMPBELL, CA 95008	94-2295953	501(C)(3)	26,000.				CHILD AND ADOLESCENT
<u>FAMILY BRIDGES, INC.</u>							
168 11TH STREET OAKLAND, CA 94607	94-1725018	501(C)(3)	5,180.				SUPPORT FOR COMMUNIT
<u>FAMILY EMERGENCY SHELTER COALITION</u>							
21455 BIRCH STREET #5 HAYWARD, CA 94541	94-3029991	501(C)(3)	15,000.				EDUCATION, TECHNIQUE
<u>FAMILY HEALTH CENTERS OF SAN DIEGO INC.</u>							
823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205	501(C)(3)	7,000.				2009 HIV/AIDS GRANTS
<u>FAMILY RESOURCES INTERNATIONAL INC</u>							
15040 ENCINA CT SARATOGA, CA 95070-6212	77-0444288	501(C)(3)	7,500.				CELEBRATING FAMILIES
<u>FAMILY SERVICE AGENCY OF SAN MATEO COUNTY,</u>							
24 SECOND AVENUE SAN MATEO, CA 94401	94-1186169	501(C)(3)	20,000.				LA TERCERA EDAD (THE
<u>FAMILY SERVICE AGENCY OF SONOMA COUNTY INC</u>							
751 LOMBARDI COURT SUITE C	94-1617635	501(C)(3)	10,000.				AFFORDABLE LATINO ME
<u>FAMILY SERVICE ASSOCIATION OF REDLANDS</u>							
612 LAWTON ST REDLANDS, CA 92374	95-1655614	501(C)(3)	10,000.				GENERAL OPERATING SU
<u>FAMILY SERVICE ASSOCIATION OF WESTERN RIVER</u>							
21250 BOX SPRINGS RD STE212	95-1803694	501(C)(3)	15,000.				HEALTHY FAMILIES EAT
<u>FAMILY SERVICE OF LONG BEACH</u>							
5500 EAST ATHERTON STREET SUITE 316	95-1644003	501(C)(3)	18,500.				GENERAL OPERATING SU
<u>FAMILY SERVICES OF THE DESERT, INC</u>							
81-711 HWY 111 SUITE 101 INDIO, CA 92201	95-2549152	501(C)(3)	10,000.				MENTAL HEALTH COUNSE
<u>FAMILY SUPPORT NETWORK</u>							
181 WEST ORANGETHORPE AVENUE SUITE D	33-0248195	501(C)(3)	25,000.				APPLICATION ASSISTAN
<u>FAMILY SUPPORT SERVICES OF THE BAY AREA</u>							
401 GRAND AVE SUITE 500 OAKLAND, CA 94610	94-3108205	501(C)(3)	52,125.				GENERAL OPERATING AN

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 106

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUPPORTIVE HOUSING, INC. 1590 LAS PLUMAS AVE SAN JOSE, CA 95133	77-0106237	501(C)(3)	15,000.				CHILDREN FIRST HEALT
FAMILY VIOLENCE LAW CENTER PO BOX 22009 OAKLAND, CA 94623	94-2527939	501(C)(3)	15,000.				HEALING EMOTIONS AND
FAMILY YMCA OF THE DESERT 43390 SAN PABLO AVE PALM DESERT, CA 92260	95-3673295	501(C)(3)	10,000.				LAS PALMITAS ELEMENT
FILIPINOS FOR AFFIRMATIVE ACTION, INC. 310 8TH STREET SUITE 306 OAKLAND, CA 94607	94-2218907	501(C)(3)	32,020.				POSITIVE LIVING THRO
FIVE ACRES - THE BOYS & GIRLS AID SOCIETY O 760 WEST MOUNTAIN VIEW STREET	95-1647810	501(C)(3)	12,000.				PHYSICIAN ASSISTANT'
FOLK-TIME, INC. 4837 NE COUCH ST PORTLAND, OR 97213	93-1222522	501(C)(3)	10,000.				DAVID LAWRENCE COMMU
FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT 909 MORMON STREET FOLSOM, CA 95630	94-6002505	GOVT ENTITY	7,650.				HAND SANITIZER PROJE
FONTANA UNIFIED SCHOOL DISTRICT 9680 CITRUS AVE FONTANA, CA 92334	95-6001357	GOVT ENTITY	35,200.				GENERAL OPERATING SU
FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	94-2418054	501(C)(3)	57,500.				FARM 2 KIDS, SPONSCR
FOOD IN NEED OF DISTRIBUTION INC 83775 CITRUS AVNEUE PO BOX 10080	33-0006007	501(C)(3)	15,000.				DESERT KIDS SUMMER P
FOOD INC. 3403 EAST CENTRAL AVENUE FRESNO, CA 93725	77-0320851	501(C)(3)	152,500.				NUTRITION ON WHEELS,
FOOD SHARE, INC 4156 SOUTHBANK RD OXNARD, CA 93036	77-0018162	501(C)(3)	18,000.				SHARE THE HARVEST
FOOTHILL AIDS PROJECT 233 W HARRISON AVE CLAREMONT, CA 91711	33-0341665	501(C)(3)	31,400.				INTEGRATED MENTAL HE
FOOTHILL FAMILY SERVICE 2500 E FOOTHILL BOULEVARD SUITE 300	95-1690990	501(C)(3)	15,000.				EARLY ESTEEM, ADOLES
FOOTHILL FAMILY SHELTER, INC. 1501 W NINTH STREET SUITE D	33-0341818	501(C)(3)	10,000.				BRIGHT SMILES FOR BR

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR CHILDRENS DENTAL HEALTH INC 23752 NEWHALL AVE NEWHALL, CA 91321	95-4416705	501(C)(3)	10,000.				GENERAL OPERATING SU
FOUNDATION FOR COMMUNITY AND FAMILY HEALTH 815 WEST SIXTH STREET SUITE #110	33-0071575	501(C)(3)	10,000.				HEALTHY CHILDREN COM
FOUNDATION FOR THE CALIF ST UNVRSTY SAN BER 5500 UNIVERSITY PARKWAY	95-6067343	501(C)(3)	22,500.				COACHELLA VALLEY HEA
FOUNDATION TO IMPROVE RENAL NUTRITION 40265 SPRINGPARK LANE PALMDALE, CA 93551	57-1196921	501(C)(3)	10,000.				DAVID LAWRENCE COMMU
FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501(C)(3)	7,000.				2009 HIV/AIDS GRANTS
FRED FINCH CHILDREN'S HOME, INC. 3800 COOLIDGE AVENUE OAKLAND, CA 94602	94-0474080	501(C)(3)	21,000.				HEALTHY LIVING PROJE
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063	23-7108154	501(C)(3)	18,900.				COMMUNITY RESPONSIVE
FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501(C)(3)	23,000.				COMMUNITY HEALTH SER
FRESH APPROACH 5056 COMMERCIAL CIRCLE SUITE E	26-2438206	501(C)(3)	21,100.				DIABLO FARMERS' MARK
FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISS 1920 MARIPOSA MALL SUITE 300	94-1606519	501(C)(3)	150,000.				WOMEN'S AND CHILDREN
FRESNO COUNTY OFFICE OF EDUCATION 1111 VAN NESS AVENUE FRESNO, CA 93721	94-6002210	GOVT ENTITY	37,975.				HARVEST OF THE MONTH
FRESNO PHILHARMONIC ASSOCIATION 2377 WEST SHAW AVENUE SUITE 101	94-1309738	501(C)(3)	15,000.				YOUTH AND FAMILY CON
FRESNO STREET SAINTS 1727 L STREET FRESNO, CA 93721	90-0388971	501(C)(3)	25,000.				SUMMER ENRICHMENT PR
FRESNO UNIFIED SCHOOL DISTRICT 2309 TULARE STREET FRESNO, CA 93721	94-6002206	GOVT ENTITY	17,200.				MOBILE HEALTH UNIT,
FRIENDS FOR YOUTH, INC. 1741 BROADWAY REDWOOD CITY, CA 94063	94-2961034	501(C)(3)	8,000.				DRUG, ALCOHOL, AND V

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CHILDREN WITH SPECIAL NEEDS 2300 PERALTA BLVD FREMONT, CA 94539	77-0446853	501(C)(3)	20,000.				THE BIGGEST LOSER AN
FRIENDS OF LOMA VISTA FARMS 150 RANIER AVENUE VALLEJO, CA 94591	32-0109022	501(C)(3)	5,500.				SUPPORT FOR NUTRITIO
FRIENDS OF THE LOS ANGELES FREE CLINIC 8405 BEVERLY BLVD	95-3433824	501(C)(3)	14,000.				SUPPORT FOR COMMUNIT
FULLER THEOLOGICAL SEMINARY 135 NORTH OAKLAND PASADENA, CA 91182	95-1699394	501(C)(3)	25,000.				MENTAL HEALTH SERVIC
GANGS OUT OF DOWNEY 11627 BROOKSHIRE AVENUE DOWNEY, CA 90241	95-4264899	501(C)(3)	10,840.				GENERAL OPERATING SU
GARDNER FAMILY HEALTH NETWORK, INC. 55 EAST JULIAN STREET SAN JOSE, CA 95112	94-1743078	501(C)(3)	50,000.				EXPANDING ACCESS TO
GAY & LESBIAN COMMUNITY SERVICES CNTR OF OR 1605 NORTH SPURGEON STREET	95-2934041	501(C)(3)	10,000.				HIV TESTING AND COUN
GENERATIONS COMMUNITY WELLNESS CENTERS 213 E MAUDE AVE SUITE 106	20-0737711	501(C)(3)	43,000.				SUCCESSFUL AGING TRA
GIFTS TO SHARE INC. 915 I STREET 5TH FLOOR SACRAMENTO, CA 95814	94-2985546	501(C)(3)	30,000.				COVER THE KIDS, SACR
GIRLS INC. OF ORANGE COUNTY 1815 ANAHEIM AVENUE COSTA MESA, CA 92627	95-1810150	501(C)(3)	5,310.				FIT GIRLS AND FAMILI
GIRLS INCORPORATED OF ALAMEDA COUNTY 13666 EAST 14TH STREET	94-1558073	501(C)(3)	40,000.				HELPING EVERYONE ACH
GIVE EVERY CHILD A CHANCE 610 COMMERCE COURT MANTECA, CA 95336	68-0399384	501(C)(3)	50,000.				HEALTH EDUCATION FOR
GIVING BACK HOPE INC PO BOX 31337 LOS ANGELES, CA 90031	43-2060726	501(C)(3)	8,000.				ANNUAL OUTREACH EVEN
GLENDALE COMMUNITY FREE HEALTH CLINIC 134 N KENWOOD STREET GLENDALE, CA 91206	87-0732681	501(C)(3)	12,000.				DISEASE MANAGEMENT F
GLIDE MEMORIAL UNITED METHODIST CHURCH 330 ELLIS STREET 4TH FLOOR #418	94-1156481	501(C)(3)	50,000.				GLIDE INTEGRATED CAS

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200	13-3206571	501(C)(3)	20,000.				COLLABORATION AMONG
GROUP HEALTH COOPERATIVE 1730 MINOR AVE SUITE 1600 SEATTLE, WA 98101	91-0511770	501(C)(3)	30,360.				HEAL LOCAL PARTNERSH
GROWING GARDENS 2003 NE 42ND AVE #3 PORTLAND, OR 97213	93-1213728	501(C)(3)	12,500.				HOME GARDEN PROGRAM
H STREET CLINIC 1329 NORTH H STREET	20-8191393	501(C)(3)	95,000.				GENERAL OPERATING SU
HABITAT FOR HUMANITY PORTLAND METRO EAST 1478 NE KILLINGSWORTH	93-0801200	501(C)(3)	15,000.				PORTLAND PRIDE, HOUS
HAMBURGER HOME 7120 FRANKLIN AVENUE LOS ANGELES, CA 90046	95-1693616	501(C)(3)	10,000.				THERAPEUTIC COMPONEN
HARBOR AREA GANG ALTERNATIVES 309 W OPP STREET WILMINGTON, CA 90744	33-0322451	501(C)(3)	20,000.				6TH GRADE MIDDLE SCH
HARBOR CITY-HARBOR GATEWAY BOYS AND GIRLS C 1220 WEST 256TH STREET	33-0450797	501(C)(3)	15,000.				TRIPLE PLAY: A GAME
HARBOR FREE CLINIC INC 593 W 6TH STREET SAN PEDRO, CA 90731	23-7103245	501(C)(3)	25,228.				CAPITAL FUND SUPPORT
HARM REDUCTION SERVICES 3647 40TH STREET SACRAMENTO, CA 95817	68-0300656	501(C)(3)	19,467.				YOUTH SEXUALLY TRANS
HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICE 210 SOUTH DELACEY AVENUE SUITE 110	95-1691005	501(C)(3)	12,000.				PROMOTORAS COMUNITAR
HAYWARD UNIFIED SCHOOL DISTRICT 24411 AMADOR STREET HAYWARD, CA 94540	94-1693499	GOV'T ENTITY	10,000.				NCT THE CITY FOR OBE
HC2 THE HEALTHY COMMUNITY CONSORTIUM 200 DOUGLAS STREET PETALUMA, CA 94952	68-0475211	501(C)(3)	15,000.				GENERAL SUPPORT
HEALTH ASSESSMENT RESOURCE CENTER 73-710 FRED WARING SUITE 112	20-5719074	501(C)(3)	20,000.				COMMUNITY HEALTH MCN
HEALTH RESEARCH ASSOCIATION, INC. 1640 MARENGO STREET 7TH FLR	95-1683862	501(C)(3)	75,000.				SUPPORT FOR COMMUNIT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE EDUCN RESEARCH & EVLUTN FND OF S 5575 RUFFIN ROAD #225 SAN DIEGO, CA 92123	33-0496092	501(C)(3)	15,000.				SPANISH TRANSLATION
HEALTHCARE FOUNDATION OF NORTHERN & CENTRAL 877 YGNACIO VALLEY ROAD SUITE 210	86-1174825	501(C)(3)	52,000.				AFRICAN AMERICAN HEA
HEALTHY AGING ASSOCIATION 121 DOWNEY AVE SUITE 102 MODESTO, CA 95354	77-0546574	501(C)(3)	9,500.				HEALTHY AGING SUMMIT
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 10602 CHAPMAN AVENUE SUITE 200	38-3675065	501(C)(3)	20,000.				IV SEDATION TREATMEN
HEALTHY SMILES MOBILE DENTAL FOUNDATION 1275 WEST SHAW #101 FRESNO, CA 93711	77-0530538	501(C)(3)	35,000.				HEALTHY SMILES FOR H
HELPLINE YOUTH COUNSELING 12440 EAST FIRESTONE BOULEVARD SUITE 1000	23-7113824	501(C)(3)	10,000.				GENERAL OPERATING SU
HERALD CHRISTIAN HEALTH CENTER 923 AS SAN GABRIEL BLVD	20-3492620	501(C)(3)	10,000.				SMILE, CHECK YOUR OR
HISPANIC COLLEGE FUND, INC. 1301 K STREET NW SUITE 450-A WEST	52-1809680	501(C)(3)	25,000.				CONFERENCE SUPPORT 2
HIV EDUCATION & PREVENTION PROJECT OF ALAME 5323 FOOTHILL BLVD OAKLAND, CA 94601	94-3205535	501(C)(3)	66,950.				CIRCLES: A PEER-DRIV
HLTH EDUCATION, RESEARCH & EVLUTN FND OF SO 5575 RUFFIN ROAD SUITE 225	33-0496092	501(C)(3)	45,000.				GENERAL OPERATING SU
HOLLYWOOD COMMUNITY HOUSING CORPORATION 5020 SANTA MONICA BOULEVARD	95-4198215	501(C)(3)	10,000.				SUPPORTIVE SERVICES-
HOLLYWOOD POLICE ACTIVITIES LEAGUE (HOLLYWO 1358 NORTH WILCOX AVENUE	95-4596172	501(C)(3)	6,000.				HOLLYWOOD PAL MARTIA
HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501(C)(3)	10,000.				MENTAL HEALTH EDUCAT
HOMELESS HEALTH CARE LOS ANGELES 2330 BEVERLY BLVD LOS ANGELES, CA 90057	95-4074970	501(C)(3)	79,500.				SUPPORT FOR COMMUNIT
HOKED ON NATURE 4848 SAN FELIPE RD 150-230	68-0628398	501(C)(3)	10,000.				CHILDREN IN NATURE C

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE PRODUCTIONS FOUNDATION 1098 MELODY LANE STE 202	26-2365867	501(C)(3)	7,500.				WALK N ROCK FOR KIDS
HORIZON FAMILY SERVICES, INC. 22652 SECOND STREET HAYWARD, CA 94541	94-2365021	501(C)(3)	7,500.				SUPPORT FOR COMMUNIT
HOUSE OF HOPE FOUNDATION INC 235 WEST 9TH STREET SAN PEDRO, CA 90731	95-1868767	501(C)(3)	8,000.				GENERAL OPERATING SU
HOUSE OF RUTH, INC. PO BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)	10,000.				CHILD ABUSE TREATMEN
HOUSING AUTHORITY OF THE COUNTY OF RIVERSID 5555 ARLINGTON AVENUE	95-6001631	GOVT ENTITY	15,000.				NUTRITION FOR HEALTH
HUMAN OPTIONS, INC. 5540 TRABUCO ROAD STE 100 IRVINE, CA 92620	95-3667817	501(C)(3)	6,000.				GENERAL OPERATING SU
HUNGER ACTION LOS ANGELES 961 S MARIPOSA #205 LOS ANGELES, CA 90006	20-5142259	501(C)(3)	15,000.				GENERAL OPERATING SU
IMPERIAL BEACH COMMUNITY CLINIC 949 PALM AVENUE IMPERIAL BEACH, CA 91932	23-7209592	501(C)(3)	33,856.				GENERAL OPERATING SU
INDIAN HEALTH CENTER OF SANTA CLARA VALLEY 1333 MERIDIAN AVENUE SAN JOSE, CA 95125	94-2476242	501(C)(3)	15,000.				AMERICAN INDIAN ELDE
INGLEWOOD AFTER SCHOOL RECREATION CORPORATI ONE MANCHESTER BOULEVARD	95-3775589	501(C)(3)	6,000.				PROJECT SUPPORT BE W
INLAND COUNTIES 1737 ATLANTA AVENUE SUITE H5	23-7058717	501(C)(3)	25,000.				WOMEN'S HEALTH INITI
INMED PARTNERSHIPS FOR CHILDREN INC 409 EAST PALMER STREET COMPTON, CA 90221	52-1482339	501(C)(3)	12,500.				GENERAL OPERATING SU
INNVISION, THE WAY HOME 974 WILLOW STREET SAN JOSE, CA 95125	77-0033628	501(C)(3)	70,000.				INNVISION SAFETY NET
INSIDE OUT COMMUNITY ARTS INC. 2210 LINCOLN BOULEVARD VENICE, CA 90291	95-4647876	501(C)(3)	12,000.				PROJECT SUPPORT NEIG
INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD 7TH FLOOR	38-3017223	501(C)(3)	200,000.				SCHOOL OF HEALTH PRO

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE ON AGING 3330 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	501(C)(3)	15,000.				GRANT - ELDER MENTAL
INTERCOMMUNITY CHILD GUIDANCE CENTER 10155 COLIMA ROAD WHITTIER, CA 90603	95-2031148	501(C)(3)	10,000.				GENERAL OPERATING SU
IRVINE PUBLIC SCHOOLS FOUNDATION 18552 MACARTHUR BOULEVARD SUITE 200	33-0733191	501(C)(3)	50,000.				THE GREAT BODY SHOP
J.L. DAVIS FAMILY SERVICES CENTER 22582 SOUTH GARDEN AVE HAYWARD, CA 94541	02-0750721	501(C)(3)	20,000.				HEY HEAR ME NOW!
JACOBS CENTER FOR NEIGHBORHOOD INNOVATION 404 EUCLID AVENUE SAN DIEGO, CA 92114	33-0683658	501(C)(3)	25,000.				PROJECT SAFE WAY
JEFFERSON UNION HIGH SCHOOL DISTRICT 699 SERRAMONTE BLVD#100 DALY CITY, CA 94015	94-3083772	GOVT ENTITY	40,250.				MENTAL HEALTH SERVIC
JEWISH COMMUNITY FREE CLINIC 490 CITY CENTER DRIVE	94-3386103	501(C)(3)	10,280.				THREE PROGRAMS INCLU
JEWISH FAMILY & CHILDRENS SERVICE OF LONG B 3801 E WILLOW STREET LONG BEACH, CA 90815	95-2273033	501(C)(3)	20,000.				GRNRAL OPERATING SU
JEWISH FAMILY & CHILDREN'S SERVICES OF THE 2484 SHATTUCK AVENUE SUITE 210	94-3250304	501(C)(3)	30,600.				MULTICULTURAL HEALTH
JEWISH FAMILY AND CHILDREN'S SERVICES 2150 POST STREET SAN FRANCISCO, CA 94115	94-1156528	501(C)(3)	10,000.				LINKAGES CASE MANAGE
JEWISH FAMILY SERVICE OF SILICON VALLEY 14855 OKA ROAD SUITE 202	94-2536452	501(C)(3)	10,000.				TO LIFE! HEALTHY LIV
JOHN F. KENNEDY MEMORIAL FOUNDATION 73-555 SAN GORGONIO WAY	33-0071613	501(C)(3)	10,000.				JFK MODEL OF HOME VI
JOHN TRACY CLINIC 806 WEST ADAMS BOULEVARD	95-1642393	501(C)(3)	250,000.				BABY SOUND CHECK
JUNIOR ACHIEVEMENT 3003 OAK ROAD SUITE 109	94-1322179	501(C)(3)	18,000.				THE FRESNO VIBRANT W
JUVENILE DIABETES RESEARCH FOUNDATION 120 WALL STREET NEW YORK, NY 10005	23-1907729	501(C)(3)	14,150.				DIABETES OUTREACH PR

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JWCH INSTITUTE INC 1910 WEST SUNSET BOULEVARD SUITE 650	95-2289916	501(C)(3)	135,000.				GENERAL OPERATING SU
KERN COUNTY CHILDREN AND FAMILIES COMMISSIO 2724 L STREET BAKERSFIELD, CA 93301	77-0529128	GOVT ENTITY	10,000.				KERN COUNTY MEDICALL
KERN COUNTY DEPARTMENT OF PUBLIC HEALTH 1800 MT VERNON AVENUE 2ND FLOOR	95-6000925	GOVT ENTITY	40,000.				ORAL HEALTH SERVICES
KERN COUNTY SUPERINTENDENT OF SCHOOLS 1300 17TH STREET BAKERSFIELD, CA 93301-4533	956000941	GOVT ENTITY	20,000.				CAL-SAFE PLAYGROUND
KERN MEDICAL CENTER 1700 MOUNT VERNON AVENUE	95-6000925	501(C)(3)	150,000.				SPECIALTY CARE INITI
KIDANGO 4533 MATTOS DRIVE FREMONT, CA 94536	94-2581686	501(C)(3)	7,500.				HEALTHY LIFESTYLE
KIDS BREAKFAST CLUB, TKBC 22542 SECOND STREET HAYWARD, CA 94541	94-3273619	501(C)(3)	40,000.				HEALTHY KIDS, HEALTH
KIDS COME FIRST COMMUNITY CLINIC 1501A SOUTH BON VIEW AVENUE	33-0969025	501(C)(3)	15,000.				GENERAL OPERATING SU
KIDS IN COMMON 1605 THE ALAMEDA SAN JOSE, CA 95126	77-0230821	501(C)(3)	10,362.				SANTA CLARA COUNTY C
KOREAN AMERICAN FAMILY SERVICE CENTER 3727 WEST 6TH STREET SUITE 320	95-3899329	501(C)(3)	10,000.				HEALTHY YOUTH PROGRA
KOREAN HLTH, EDUCATION, INFORMATION & RESEA 3727 WEST 6TH STREET STE 210	95-4074660	501(C)(3)	97,500.				HEALTHY CHILD PROGRA
L A GAY & LESBIAN COMMUNITY SERVICES CENTER 1625 N SCHRADER BLVD LOS ANGELES, CA 90028	95-3567895	501(C)(3)	18,304.				HEALTH EDUCATION & P
L A S BEST 200 NORTH SPRING STREET STE M-120	95-4311058	501(C)(3)	9,615.				14TH ANNUAL FAMILY B
LA CASA DE LAS MADRES 1663 MISSION STREET SUITE 225	94-2330864	501(C)(3)	15,000.				GRANT - TEEN PROGRAM
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	95,000.				CHILDHOOD OBESITY PR

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 114

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA MAESTRA FAMILY CLINIC, INC. 4185 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	40,859.				GENERAL OPERATING SU
LA VOICE 760 S WESTMORELAND AVENUE SUITE 336	95-4781974	501(C)(3)	30,000.				LOCAL PARTNERSHIP GR
LACER AFTERSCHOOL PROGRAMS 1718 NORTH CHEROKEE AVENUE SUITE A	95-3890819	501(C)(3)	10,000.				LACER INTERVENTION P
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)	20,000.				CARING FOR THOSE IN
LAO KHMU ASSOCIATION 1044 NORTH EL DORADO STREET	68-0015780	501(C)(3)	25,000.				DIABETES PREVENTION
LARKIN STREET YOUTH SERVICES 701 SUTTER STREET SUITE 2	94-2917999	501(C)(3)	9,250.				PAVING THE WAY GALA
LATINO HEALTH ACCESS 1701 N MAIN STREET SUITE 200	33-0562943	501(C)(3)	25,000.				GENERAL OPERATING SU
LATINO HEALTH COLLABORATIVE 1800 WESTERN AVENUE SUITE 402	02-0778114	501(C)(3)	9,800.				HEALTHY COMMUNITIES-
LATINO SOCIAL JUSTICE FOUNDATION 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	20-2559356	501(C)(3)	15,000.				13TH LATINO HIV/AIDS
LEGAL AID SOCIETY OF SAN MATEO COUNTY 521 E 5TH AVENUE SAN MATEO, CA 94402	94-1451894	501(C)(3)	10,000.				DOMESTIC VIOLENCE AN
LIFE ELDERCARE INC. 3300 CAPITOL AVE PO BOX 5006	23-7455567	501(C)(3)	20,000.				FALLS PREVENTION MAN
LIGHTHOUSE COUNSELING & FAMILY RESOURCE CEN 1530 3RD STREET SUITE 111 LINCOLN, CA 95648	35-2252834	501(C)(3)	19,998.				SAFETY NET SERVICES
LINCOLN CHILD CENTER 4368 LINCOLN AVENUE OAKLAND, CA 94602	94-1156501	501(C)(3)	17,750.				ALTERNATIVE LEARNING
LINKS FOUNDATION, INC. 1200 MASSACHUSETTS AVE NW	52-1170830	501(C)(3)	16,411.				PREVENTING HIGH RISK
LIVINGSTON MEMORIAL VISITING NURSE ASSOCIAT 1996 EASTMAN AVENUE SUITE 101	95-1693538	501(C)(3)	15,000.				TELEMEDICINE PROGRAM

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES CENTERS INC 7710 SW 31ST AVENUE PORTLAND, OR 97280	93-0584318	501(C)(3)	60,000.				HEALTHY EATING IN HA
LOAVES AND FISHES OF CONTRA COSTA 1985 BONIFACIO STREET SUITE 100	68-0018077	501(C)(3)	15,000.				FOOD AND SUPPLIES TO
LOMA LINDA UNIVERSITY 1305 NICHOL HALL 24951 NORTH CIRCLE DR	95-1816009	501(C)(3)	175,000.				SUPPORT COMMUNITY EV
LOMI SCHOOL FOUNDATION 534 B STREET SANTA ROSA, CA 95401	94-2495238	501(C)(3)	15,000.				BILINGUAL THERAPY PR
LOS AMIGOS RESEARCH AND EDUCATION INSTITUTE 4601 E IMPERIAL HWY BUILDING #900 ANNEX A	95-1911180	501(C)(3)	75,000.				SUPPORT FOR COMMUNITI
LOS ANGELES ALLIANCE FOR A NEW ECONOMY 464 LUCAS AVENUE SUITE 202	95-4459427	501(C)(3)	9,500.				2009 ANNUAL CITY OF
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 WEST CARSON STREET TORRANCE, CA 90502	95-2138184	501(C)(3)	75,000.				PROJECT SUPPORT 2009
LOS ANGELES BROTHERHOOD CRUSADE INC 200 E SLAUSON AVE LOS ANGELES, CA 90011	95-2543819	501(C)(3)	9,120.				EVENT SUPPORT\AWARDS
LOS ANGELES CHILD GUIDANCE CLINIC 3031 S VERMONT AVENUE LOS ANGELES, CA 90007	95-1690974	501(C)(3)	7,000.				WALK-IN CLINIC/ACCES
LOS ANGELES CONSERVATION CORPS 605 W OLYMPIC BLVD SUITE 450	95-4002138	501(C)(3)	20,000.				MENTAL HEALTH SERVIC
LOS ANGELES COUNTY BICYCLE COALITION 634 SOUTH SPRING STREET SUITE 821	95-4845170	501(C)(3)	25,000.				CITY OF LIGHTS
LOS ANGELES FREE CLINIC DBA THE SABAN FREE 8405 BEVERLY BOULEVARD	95-2539105	501(C)(3)	102,000.				HIV/AIDS PREVENTION
LOS ANGELES JEWISH AIDS SERVICES PO BOX 480241 LOS ANGELES, CA 90048	95-4232540	501(C)(3)	9,218.				PROJECT CHICKEN SOUP
LOS ANGELES NEIGHBORHOOD LAND TRUST 315 W 9TH STREET SUITE 1002	38-3687836	501(C)(3)	5,819.				MARSON PARK YOUTH FI
LOS ANGELES ORTHOPAEDIC HOSPITAL FOUNDATION 2400 SOUTH FLOWER STREET	95-1644029	501(C)(3)	80,000.				FRACTURE CLINIC

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 116

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES REGIONAL FOODBANK 1734 E 41ST STREET	95-3135649	501(C)(3)	27,200.				SUPPORT FOR COMMUNIT
LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S BEAUDRY ST LOS ANGELES, CA 90017	95-6001908	GOVT ENTITY	25,825.				READING IS FUNDAMENT
LOWELL JOINT SCHOOL DISTRICT 11019 VALLEY HOME AVENUE WHITTIER, CA 90603	95-6001974	GOVT ENTITY	7,500.				RANCHO STARBUCK HEAL
LOWER COLUMBIA COMMUNITY ACTION COUNCIL, IN 1526 COMMERCE PO BOX 2129	91-0814141	501(C)(3)	15,000.				ENHANCED NUTRITION F
LOW-INCOME FAMILIES EMPOWERMENT THROUGH EDU 1880 FAIRWAY DRIVE SAN LEANDRO, CA 94577	94-3348126	501(C)(3)	10,000.				HEALTHY MAMA'S, HEAL
LOYD WOLFE JUVENILE JUSTICE NETWORK 2310 FIRST STREET NAPA, CA 94559	68-0345721	501(C)(3)	12,000.				NUTRITION AND HEALTH
MAKING WAVES EDUCATION PROGRAM 200-24TH STREET RICHMOND, CA 94804	94-3267851	501(C)(3)	15,000.				MENTAL HEALTH SERVIC
MANDEL MARKETPLACE, INC. 1364 7TH STREET OAKLAND, CA 94607	11-3754129	501(C)(3)	10,000.				WYSE WAVES
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	7,000.				MARCH FOR BABIES, CO
MARIN ABUSED WOMEN'S SERVICES 794 A STREET SAN RAFAEL, CA 94901	94-2415856	501(C)(3)	20,000.				BILINGUAL DOMESTIC V
MARIN COMMUNITY FOOD BANK 75 DIGITAL DRIVE NOVATO, CA 94949	68-0044262	501(C)(3)	20,000.				BROWN BAG SUPPLEMENT
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	40,000.				CHILD AND PARENT DOM
MARKETUMBRELLA ORG 200 BROADWAY STREET STE 107	26-2477706	501(C)(3)	7,000.				MARKET PORTRAIT TOOL
MATERNAL AND CHILD HEALTH ACCESS 1111 WEST SIXTH STREET SUITE 400	95-4555879	501(C)(3)	75,000.				CERTIFIED APPLICATIO
MAYVIEW COMMUNITY HEALTH CENTER 270 GRANT AVENUE PALO ALTO, CA 94306	94-2239648	501(C)(3)	15,000.				ACCESS TO PRIMARY CA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF SAN FRANCISCO INC. _____ 1375 FAIRFAX AVENUE SAN FRANCISCO, CA 94124	94-1741155	501(C)(3)	25,500.				STAR CHEFS & VINTNER
MEALS ON WHEELS OF SOLANO COUNTY, INC. _____ 95 MARINA CENTER SUISUN, CA 94585	94-2453452	501(C)(3)	20,000.				ELDER NUTRITION MEAL
MEDICAL FOUNDATION OF MARION AND POLK COUNT _____ 698 12TH ST SE SALEM, OR 97301	93-1261633	501(C)(3)	10,910.				COMMUNITY HEALTH SER
MEET EACH NEED WITH DIGNITY _____ 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501(C)(3)	24,700.				SUPPORT FOR COMMUNIT
MEI FONG AND ASSOCIATES _____ 3543 18TH STREET #19	94-3030212	501(C)(3)	10,000.				GRANT - PROMOTING PE
MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO _____ 870 MARKET STREET SUITE 928	94-1218623	501(C)(3)	9,335.				CONFERENCE ON COMPUL
MERCY FOUNDATION - BAKERSFIELD _____ 551 SHANLEY CT BAKERSFIELD, CA 93311	77-0201321	501(C)(3)	20,000.				SUCCESSFUL APPLICATIO
MERCY HOUSE TRANSITIONAL LIVING CENTERS _____ PO BOX 1905 SANTA ANA, CA 90702	33-0315864	501(C)(3)	5,750.				DIRECT CLIENT SERVIC
MERCY RETIREMENT & CARE CENTER _____ 3431 FOOTHILL BLVD OAKLAND, CA 94601	94-1156579	501(C)(3)	8,500.				MERCY BROWN BAG PROG
METRO _____ 600 NE GRAND AVE PORTLAND, OR 97232	93-0636311	GOVT ENTITY	13,000.				WALK THERE! GUIDE BO
METRO AREA ADVISORY COMMITTEE ANTI-POVERTY _____ 1355 THIRD AVENUE CHULA VISTA, CA 91911	95-2457354	501(C)(3)	25,000.				DEVELOP A HEALTH CAR
MEXICAN AMERICAN LEGAL DEFENSE & EDUCATIONA _____ 634 S SPRING ST LOS ANGELES, CA 90014	74-1563270	501(C)(3)	9,230.				EVENT SUPPORT\DINNER
MID-PENINSULA BOYS & GIRLS CLUB, INC. _____ 200 NORTH QUEBEC STREET SAN MATEO, CA 94401	94-1431583	501(C)(3)	20,500.				NUTRITION AND PHYSIC
MINORITY AIDS PROJECT _____ 5149 WEST JEFFERSON BOULEVARD	95-4175650	501(C)(3)	7,000.				TRANSGENDER HEALTH A
MISSION CITY COMMUNITY NETWORK _____ 15206 PARTHENIA STREET	95-4226189	501(C)(3)	40,000.				ORAL HEALTH SERVICES

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION OAKS RECREATION & PRK DISTRICT- 3344 MISSION AVE CARMICHAEL, CA 95608	94-6000529	GOVT ENTITY	10,000.				PROJECT HYPE
MODEL NEIGHBORHOOD PROGRAM 835 LOCUST AVENUE UNIT 420	95-4615739	501(C)(3)	9,000.				FRESH FRUIT ON FRIDA
MOMS ORANGE COUNTY 1128 W SANTA ANA BOULEVARD	33-0518078	501(C)(3)	15,000.				CHILDHOOD OBESITY PR
MONTEBELLO UNIFIED SCHOOL DISTRICT 123 SOUTH MONTEBELLO BOULEVARD	95-6002104	501(C)(3)	10,000.				2009 USC MOBILE DENT
MONUMENT COMMUNITY PARTNERSHIP 1760 CLAYTON ROAD CONCORD, CA 94520	68-0476982	501(C)(3)	115,000.				COMMUNITY INVOLVEMEN
MONUMENT CRISIS CENTER 2350 MONUMENT BLVD SUITE # B	41-2111171	501(C)(3)	30,000.				LA VIDA ES SALUD, NU
MOREHOUSE SCHOOL OF MEDICINE, INC. 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501(C)(3)	250,000.				SATCHER HEALTH LEADE
MORRISON CENTER 1500 NE IRVING STREET SUITE 250	93-0354176	501(C)(3)	20,000.				CULTURALLY COMPETENT
MOVE INTERNATIONAL 1300 17TH STREET BAKERSFIELD, CA 93301	943227458	501(C)(3)	25,000.				MOVE PROGRAM ASSESSM
MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD, CA 94519	68-0091157	GOVT ENTITY	10,000.				CONTINUING GARDEN ED
MUSLIM SUPPORT NETWORK 918 BOAR CIRCLE FREMONT, CA 94539	77-0493926	501(C)(3)	10,000.				PREVENTION AND MANAG
MY SISTER'S HOUSE 3053 FREEPORT BLVD #120	68-0464114	501(C)(3)	15,000.				FOR THE CHILDREN'S S
NAMI URBAN LOS ANGELES 4305 DEGNAN BOULEVARD SUITE 104	06-1692670	501(C)(3)	7,000.				FAMILY AND PRIMARY C
NAPA/SOLANO SANE/SART 1141 PEAR TREE LANE #200 NAPA, CA 94558	68-0285816	501(C)(3)	15,000.				PROFESSIONAL DEVELOP
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW WASHINGTON, DC 20001-2721	53-0196932	501(C)(3)	75,000.				ROUNDTABLE ON HEALTH

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CE 7200 WISCONSIN AVENUE SUITE 210	52-0939952	501(C)(3)	108,646.				CENTER ON QUALITY IN
NATIONAL HISPANIC HEALTH FOUNDATION 1411 K ST NW #1100 WASHINGTON, DC 20005	26-0051902	501(C)(3)	13,500.				CONFERENCE SUPPORT 1
NATIONAL MEDICAL FELLOWSHIPS INC 5 HANOVER SQUARE NEW YORK, NY 10004	36-2125449	501(C)(3)	11,450.				SUPPORT FOR COMMUNIT
NATIVE AMERICAN REHABILITATION ASSOCIATION 1776 SW MADISON PORTLAND, OR 97205	23-7098400	501(C)(3)	50,000.				ASPIRIN, LISINAPRIL
NATL KIDNEY FOUNDATION INC OF NORTHERN CALI 131 STEUART STREET SUITE 520	94-6130713	501(C)(3)	7,050.				AUTHORS LUNCHEON
NATNAL ASSOC FOR THE ADVANCEMENT OF COLORED 1290 FILLMORE STREET	13-1084135	501(C)(3)	10,000.				NATIONAL MEETING SPO
NATOMAS CROSSROADS CHURCH 1101 NATIONAL DR STE A SACRAMENTO, CA 95834	26-3625632	501(C)(3)	25,000.				NATOMAS CROSSROADS C
NEIGHBORHOOD HEALTHCARE 425 NORTH DATE STREET ESCONDIDO, CA 92025	95-2796316	501(C)(3)	55,500.				2009 HIV/AIDS GRANTS
NEW ECONOMICS FOR WOMEN 303 S LOMA DRIVE LOS ANGELES, CA 90017	95-3969029	501(C)(3)*	9,600.				SUPPORT FOR COMMUNIT
NEW HORIZONS FAMILY CENTER 744 SOUTH GLENDALE AVENUE	95-4543038	501(C)(3)	10,000.				MENTAL HEALTH SERVIC
NEW LEAF SERVICES FOR OUR COMMUNITY 1390 MARKET ST SUITE 800	94-3059229	501(C)(3)	9,500.				SPRING GALA EVENT
NEW VISION CHILDREN'S SERVICES 40335 WINCHESTER ROAD SUITE E522	20-5916765	501(C)(3)	10,000.				NEW VISION UNIVERSAL
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 EAST GISH ROAD SUITE 200	94-2420708	501(C)(3)	25,000.				TEEN CLUB, KID'S CLU
NISWA ASSOCIATION INC. 2306 DANMAR COURT LOMITA, CA 90717-2807	33-0447226	501(C)(3)	7,000.				HEALTHY LIVING
NO. PORTLAND NRS PRACTITIONER COMMUNITY HLTH 27 N KILLINGSWORTH ST PORTLAND, OR 97227	93-0811915	501(C)(3)	20,000.				CHILDREN'S COMMUNITY

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BY NORTHEAST COMMUNITY HEALTH CENTER 4725 N WILLIAMS AVE PORTLAND, OR 97212	72-1618287	501(C)(3)	28,000.				COMMUNITY HEALTH SER
NORTH CLACKAMAS SCHOOL DISTRICT 4444 SE LAKE ROAD MILWAUKIE, OR 97222	93-0599524	GOVT ENTITY	20,000.				NORTH CLACKAMAS DENT
NORTH COUNTY HEALTH PROJECT, INC. 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	79,000.				GENERAL OPERATING SU
NORTH OF MARKET SENIOR SERVICES 333 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	8,700.				ANNUAL GALA CELEBRAT
NORTH OF THE RIVER RECREATION FOUNDATION 405 GALAXY AVENUE BAKERSFIELD, CA 93308	77-0331098	501(C)(3)	13,000.				'NO TEEN LEFT INSIDE
NORTH PENINSULA NEIGHBORHOOD SERVICES CENTE 600 LINDEN AVENUE	94-2298841	501(C)(3)	25,000.				MAPPING OUT HEALTHCA
NORTH ROSEVILLE RECREATNL, EDUC & CREATIVE 313 HIGH STREET ROSEVILLE, CA 95678	68-0377167	501(C)(3)	10,000.				COMMUNITY GARDEN AND
NORTH SAN DIEGO COUNTY SPONSORING COMMITTEE 1785 S ESCONDIDO BLVD SUITE B	33-0913164	501(C)(3)	35,445.				LIFT EVERY VOICE FOR
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE	23-7120632	501(C)(3)	10,000.				HIV/AIDS PREVENTION
NORTHERN CALIFORNIA CENTER FOR WELL BEING 365 TESCONI CIRCLE SUITE B	93-1144835	501(C)(3)	20,000.				PROJECT TRUE: TOBACC
NORTHWEST HEALTH FOUNDATION FUND II 221 NW SECOND AVE SUITE 300	93-1293344	501(C)(3)	64,000.				CONVERGENCE PARTNERS
NORWALK LA MIRADA UNIFIED SCHOOL DISTRICT 12820 PIONEER BLVD NORWALK, CA 90650	95-6002228	GOVT ENTITY	8,500.				GENERAL OPERATING SU
NOVATO YOUTH CENTER 1767 GRAN AVENUE NOVATO, CA 94947	94-1735064	501(C)(3)	20,000.				TRANSITIONAL AGED YO
O.K. PROGRAM OF OAKLAND 455 7TH STREET OAKLAND, CA 94607	26-4130155	501(C)(3)	54,500.				GENERAL OPERATIONS
OAKLAND FOOD CONNECTION 4171 MACARTHUR BLVD SUITE 10	20-3984263	501(C)(3)	7,500.				YOUTH CREATE (COMMUN

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>OCCIDENTAL COLLEGE</u> 1600 CAMPUS RD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	139,500.				GENERAL OPERATING SU
<u>OCEAN PARK COMMUNITY CENTER</u> 1453 16TH STREET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	12,000.				CAMPION MENTAL HEALT
<u>ODD FELLOW- REBEKAH CHILDREN'S HOME OF CALI</u> 290 IOOF AVENUE GILROY, CA 95020	94-1167402	501(C)(3)	30,000.				SCHOOL-BASED LIFESKI
<u>OKIZU FOUNDATION</u> 16 DIGITAL DRIVE NOVATO, CA 94949	68-0291178	501(C)(3)	12,700.				OKIZU CHILDREN'S CAN
<u>OLIVE CREST TREATMENT CENTER</u> 2130 E FOURTH STREET SUITE 200	95-2877102	501(C)(3)	15,000.				CLINICAL SUPPORT FOR
<u>OLIVE VIEW UCLA EDUCATION &amp; RESEARCH INSTIT</u> 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	95-2249539	501(C)(3)	153,333.				PROMOTE ALL
<u>ON LOK DAY SERVICES</u> 1333 BUSH STREET SAN FRANCISCO, CA 94109	94-3101292	501(C)(3)	9,550.				ON LOK 30TH STREET -
<u>ON THE MOVE</u> 1801 OAK STREET NAPA, CA 94559	75-3149095	501(C)(3)	20,000.				MAPPING COMMUNITY RE
<u>ONTARIO-MONTCLAIR SCHOOL DISTRICT</u> 950 WEST D STREET ONTARIO, CA 91762	95-6002267	GOVT ENTITY	15,000.				OMSD MENTAL HEALTH A
<u>OPEN PATHS COUNSELING CENTER</u> 12655 WEST WASHINGTON BOULEVARD SUITE 101	95-3221061	501(C)(3)	12,000.				MENTAL HEALTH SERVIC
<u>OPERATION SAFE HOUSE, INC.</u> 9685 HAYES ST RIVERSIDE, CA 92503	33-0326090	501(C)(3)	20,000.				OPERATION SAFE HOUSE
<u>OPERATION SAMAHAN, INC.</u> 2835 HIGHLAND AVENUE SUITE B	95-3008798	501(C)(3)	35,123.				GENERAL OPERATING SU
<u>ORANGE COUNTY RESCUE MISSION HEALTH CARE SE</u> ONE HOPE DRIVE TUSTIN, CA 92782	33-0906866	501(C)(3)	15,000.				PRESCRIPTION ASSISTA
<u>ORANGE COUNTY SHERIFFS ADVISORY COUNCIL</u> 550 N FLOWER STREET SANTA ANA, CA 92703	95-3498487	501(C)(3)	10,000.				NEXT STEP
<u>OREGON COLLEGE OF ORIENTAL MEDICINE</u> 10525 SE CHERRY BLOSSOM DR	93-0845182	501(C)(3)	20,000.				REDUCE COST OF URGEN

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON FOOD BANK INC PO BOX 55370 7900 NE 33RD DRIVE	93-0785786	501(C)(3)	19,464.				CB PROGRAM /SERVICES
OREGON HEALTH CAREER CENTER 19365 SW 65TH AVE SUITE 204	93-1166189	501(C)(3)	311,250.				HEALTH CARE CAREER S
OUR SAVIOUR CENTER 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)(3)	20,000.				CLINIC ACCESS TO REAC
OUTSIDE IN 1132 SW 13TH AVE PORTLAND, OR 97205	93-0567549	501(C)(3)	8,000.				2010 MLK DAY
P F BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004	95-3797363	501(C)(3)	12,000.				FAMILY HEALTH SERVIC
PACIFIC ASIAN COUNSELING SERVICES 8616 LA TIJERA BOULEVARD SUITE 200	95-4564739	501(C)(3)	7,000.				MENTAL HEALTH SERVIC
PACIFIC CLINICS 800 S SANTA ANITA AVENUE ARCADIA, CA 91006	95-1644034	501(C)(3)	10,000.				HOPE YOUTH CENTER
PACOIMA BEAUTIFUL 11243 GLENDALE BLVD #1 PACOIMA, CA 91331	95-4770745	501(C)(3)	80,000.				LOCAL PARTNERSHIP GR
PALMDALE SCHOOL DISTRICT 39139-49 NORTH 10 STREET EAST	95-6002342	GOVT ENTITY	20,000.				HEALTH CLINIC- COMMU
PARA LOS NINOS 500 LUCAS AVENUE LOS ANGELES, CA 90017-2002	95-3443276	501(C)(3)	12,628.				SUPPORT FOR COMMUNIT
PARENTS HELPING PARENTS 1400 PARKMOOR AVE SUITE 100	94-2814246	501(C)(3)	11,000.				SHARING THE JOURNEY
PARKWAY COMMUNITY CHURCH 2397 HEATH DRIVE FAIRFIELD, CA 94533	23-7276519	501(C)(3)	25,000.				LEAVEN PROJECT, GROV
PARTNERS FOR A HUNGER FREE OREGON 712 SE HAWTHORNE BLVD SUITE 202	20-4970868	501(C)(3)	9,999.				2009 SUMMER FOOD SER
PARTNERS FOR BETTER HEALTH 215 WEST C STREET ONTARIO, CA 91762	20-3796650	501(C)(3)	25,000.				HEALTH ACCESS PARTNE
PARTNERS IN CARE FOUNDATION, INC. 732 MOTT STREET SUITE 150	95-3954057	501(C)(3)	72,400.				SUPPORT FOR COMMUNIT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PDAP OF VENTURA COUNTY, INC. 450 ROSEWOOD AVENUE SUITE 215	77-0209843	501(C)(3)	15,000.				INCREASE ADOLESCENT
PEDIATRIC ADOLESCENT DIABETES RESEARCH & ED 455 SOUTH MAIN STREET ORANGE, CA 92868	33-0099451	501(C)(3)	15,000.				DIABETES EDUCATION C
PENINSULA CHILDRENS CENTER 4720 N MARYLAND AVE PORTLAND, OR 97217	93-0585460	501(C)(3)	20,000.				COMMUNITY BASED CHIL
PEOPLE ASSISTING THE HOMELESS 340 NORTH MADISON AVENUE	95-3950196	501(C)(3)	21,000.				PATHCARES TRANSITION
PETALUMA HEALTH CENTER 1304 SOUTHPOINT BOULEVARD SUITE 110	68-0437840	501(C)(3)	20,000.				DEVELOPMENT PLANNING
PITTSBURG BOYS CLUB, INC. 1001 STONEMAN AVENUE PITTSBURG, CA 94565	94-1251108	501(C)(3)	15,000.				SMART MOVES
PIVOTAL POINT YOUTH SERVICES, INC. 675 HEGENBERGER RD 1ST FLOOR	91-2147597	501(C)(4)	10,000.				SUPPORT 25 YOUTH EMP
PLACER WOMENS CENTER INC 2426 LINDBERGH STREET AUBURN, CA 95602	94-2578871	501(C)(3)	46,295.				SUBSTANCE ABUSE RECO
PLANNED PARENTHOOD - LOS ANGELES 400 WEST 30TH LOS ANGELES, CA 90007-3320	95-2408623	501(C)(3)	14,850.				PROMOTORAS COMUNITAR
PLANNED PARENTHOOD SHASTA DIABLO INC. 2185 PACHECO STREET CONCORD, CA 94520	94-1575233	501(C)(3)	144,000.				INCREASING HIV TESTI
PORTLAND IMPACT 4610 SE BELMONT PORTLAND, OR 97215	93-0557964	501(C)(3)	25,000.				OVERCOMING VIOLENCE,
PORTLAND SCHOOLS FOUNDATION 905 NW 12TH STREET PORTLAND, OR 97209	93-1149789	501(C)(3)	35,000.				EAT THINK GROW
POSITIVE RESOURCE CENTER 785 MARKET STREET 10TH FLOOR	94-3078431	501(C)(3)	20,000.				INCOME AND HEALTH SE
PRETEND CITY, THE CHILDREN'S MUSEUM OF ORAN 29 HUBBLE IRVINE, CA 92618	33-0761254	501(C)(3)	50,000.				THE CAMPAIGN TO CREA
PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607-4595	94-3282858	501(C)(3)	150,000.				CORE OPERATING SUPPO

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT ACCESS NOW PO BOX 10953 PORTLAND, OR 97296-0953	20-8928388	501(C)(3)	34,000.				COMMUNITY HEALTH SER
PROJECT AMIGA 2001 TYLER AVENUE SUITE 203	95-4410599	501(C)(3)	12,000.				TEEN HEALTH & PREGNA
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90046	95-4115863	501(C)(3)	20,000.				HOME DELIVERED MEALS
PROJECT INFORM INC AIDS TREATMENT & RESEAR 1375 MISSION STREET SAN FRANCISCO, CA 94103	94-3052723	501(C)(3)	50,000.				NATIONAL INTEGRATED
PROJECT NEW HOPE 1004 ECHO PARK AVENUE LOS ANGELES, CA 90026	95-4337245	501(C)(3)	10,000.				GENERAL OPERATING SU
PROJECT OPEN HAND - SAN FRANCISCO 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	27,100.				SENIOR NUTRITION PRO
PROJECT QUEST 2901 E BURNSIDE PORTLAND, OR 97214	93-1121778	501(C)(3)	20,000.				FINDING AND SUSTAINI
PROMOTORAS Y PROMOTORES FOUNDATION 1500 CAMINO DEL SOL ROOM 18	42-1618670	501(C)(3)	20,000.				VENTANILLA DE SALUD
PROYECTO PASTORAL AKA JESUIT HISPANO MINIST 135 N MISSION RD LOS ANGELES, CA 90033	95-3213958	501(C)(3)	18,000.				SUPPORT FOR COMMUNIT
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR	94-1646278	501(C)(3)	176,073.				PROJECT FOR CHANGING
PUENTE DE LA COSTA SUR 620 NORTH STREET PESCADERO, CA 94060	37-1484262	501(C)(3)	25,000.				COMMUNITY-BASED OUTR
PURPOSE CENTER INTERNATIONAL 75 W NUEVO ROAD #133 PERRIS, CA 92571	84-1693330	501(C)(3)	10,000.				HEALTHY HERITAGE WEL
QUEEN OF THE VALLEY HOSPITAL FOUNDATION 3448 VILLA LANE SUITE 102 NAPA, CA 94558	23-7081153	501(C)(3)	10,000.				INDOOR AIR QUALITY-
RAPE TRAUMA SERVICES 1860 EL CAMINO REAL SUITE 406	94-3215045	501(C)(3)	10,000.				RAPE & SEXUAL ABUSE
READING AND BEYOND 4819 N BUTLER AVENUE FRESNO, CA 93727	77-0508471	501(C)(3)	25,000.				YOU ARE NOT ALONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service  
Name of the organization► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

KAISER FOUNDATION HOSPITALS

Employer identification number  
94-1105628**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER DIABLO VALLEY 1647 WILLOW PASS ROAD PMB 435	68-0364884	501(C)(3)	15,000.				MLK DAY OF SERVICE -
REBUILDING TOGETHER SAN FRANCISCO PIER 28 SAN FRANCISCO, CA 94105	94-3107808	501(C)(3)	15,000.				MLK JR DAY OF SERVICE
REBUILDING TOGETHER SILICON VALLEY 2885 AIELLO DRIVE SUITE A	77-0289381	501(C)(3)	15,000.				MLK JR DAY OF SERVICE
REDLANDS COMMUNITY FOUNDATION 300 EAST STATE STREET SUITE 350	91-2143250	501(C)(3)	8,000.				HEALTHY REDLANDS
REDWOOD CITY EDUCATION FOUNDATION 800 ALAMEDA DE LAS PULGAS	94-2903141	501(C)(3)	10,000.				FIT FUN FOR BETTER L
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855	501(C)(3)	33,500.				THE MEGAN FURTH HARV
REGENTS OF THE UNIVERSITY OF CALIFORNIA 550 E SHAW AVE FRESNO, CA 93710	94-6036493	501(C)(3)	61,357.				DOCTORS ACADEMY RURA
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10833 LE CONTE AVENUE SUITE 13-154CHS	94-6006143	501(C)(3)	51,032.				HEALTH POLICY JOURNA
REGENTS OF THE UNIVERSITY OF CALIFORNIA BER 2200 UNIVERSITY AVENUE	94-6002123	501(C)(3)	200,186.				HEAL TECHNICAL ASSIS
REGIONAL PARKS FOUNDATION PO BOX 21074 OAKLAND, CA 94560	23-7011877	501(C)(3)	95,000.				EMBRACING LIFE TO TH
RENAISSANCE PARENTS OF SUCCESS 1800 OAKDALE AVENUE SAN FRANCISCO, CA 94124	94-3155564	501(C)(3)	15,000.				GROUND ZERO
RICHMOND RESCUE MISSION 2114 MACDONALD AVENUE RICHMOND, CA 94801	94-6124054	501(C)(3)	50,000.				BAY AREA RESCUE MISS
RIVERSIDE COUNTY PHYSICIANS MEMORIAL FOUNDA 3993 JURUPA AVE RIVERSIDE, CA 92506	95-6080778	501(C)(3)	10,000.				PROJECT KIND
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER FO 26520 CACTUS AVENUE MORENO VALLEY, CA 92555	33-0374018	501(C)(3)	25,000.				RESPONSIVE COMMUNITY
RIVERSIDE RECOVERY RESOURCES 600 THIRD STREET LAKE ELSINORE, CA 92530	33-0228862	501(C)(3)	20,000.				ADOLESCENT DRUG AND

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 126

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEAL 11555 1/2 POTRERO ROAD BANNING, CA 92220	95-2846605	501(C)(3)	15,000.				ORAL HEALTH - WORKIN
ROAD RUNNERS CLUB OF AMERICA 120 PONDEROSA CT FOLSOM, CA 95630	94-3300121	501(C)(3)	30,000.				YOUTH FITNESS PROGRA
ROBERT F. KENNEDY INST OF CMMNTY & FAMILY M 544 N AVALON SUITE 309	33-0531975	501(C)(3)	10,000.				HEALTHY START PROGRA
ROBERTS FAMILY DEVELOPMENT CENTER 770 DARINA AVE SACRAMENTO, CA 95815	68-0470557	501(C)(3)	21,000.				SUITS AND SLIPPERS,
RONALD McDONALD HOUSE CHARITIES OF SO CALIF 765 SOUTH PASADENA AVENUE	95-3167869	501(C)(3)	9,000.				EVENT SUPPORT\ANNUAL
ROSEMARY CHILDREN'S SERVICES 36 S KINNELOA AVE SUITE 200	95-1661683	501(C)(3)	10,000.				SUBSTANCE ABUSE DAY
ROTACARE BAY AREA INC PO BOX 18430 SAN JOSE, CA 95158	77-0328723	501(C)(3)	61,900.				ROTACARE CONCORD FRE
ROWLAND UNIFIED SCHOOL DISTRICT 1830 NOGALES STREET	95-2651870	GOVT ENTITY	15,000.				HEALTH SERVICES TO H
SAC HEALTH SYSTEM 1454 E SECOND STREET	33-0664371	501(C)(3)	88,500.				INTEGRATED BEHAVIOR
SACRAMENTO AREA CONGREGATIONS TOGETHER 2510 J STREET SUITE 200	94-3146791	501(C)(3)	9,775.				STAND TOGETHER LUNCH
SACRAMENTO CAPITAL FOUNDATION 501 S STREET SUITE 2 SACRAMENTO, CA 95811	43-2038395	501(C)(3)	11,000.				THE POWER OF KNOW YO
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT 5735 47TH AVENUE SACRAMENTO, CA 95824	94-6002491	GOVT ENTITY	51,000.				REDUCING GANG AFFILI
SACRAMENTO LOAVES AND FISHES 1321 NORTH C ST SACRAMENTO, CA 95811	68-0189897	501(C)(3)	9,000.				GUEST HEALTH OUTREAC
SACRAMENTO METROPOLITAN FIRE DISTRICT 2101 HURLEY WAY SACRAMENTO, CA 95825	68-0358779	GOVT ENTITY	10,000.				OPERATION RIVER SAFE
SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I 2020 J ST SACRAMENTO, CA 95811	20-4287737	501(C)(3)	75,000.				FULL CIRCLE CHRONIC

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 127

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFETY CENTER, INC. 3909 BRADSHAW RD SACRAMENTO, CA 95827	94-2831134	501(C)(3)	6,000.				FAMILY SAFETY AND HE
SALVATION ARMY 625 I STREET MODESTO, CA 95354	94-1156347	501(C)(3)	75,000.				THE SALVATION ARMY S
SAMARITAN HOUSE 1511 SOUTH CLAREMONT STREET	23-7416272	501(C)(3)	30,000.				SAFE HARBOR SHELTER
SAMUEL DIXON FAMILY HEALTH CENTER INC 25115 W AVENUE STANFORD SUITE A-104	95-4278726	501(C)(3)	110,000.				CAPITAL FUND AND PRO
SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT 777 NORTH F STREET SAN BERNARDINO, CA 92410	95-2285577	GOVT ENTITY	8,000.				RUN ACROSS AMERICA C
SAN DIEGO COUNCIL ON LITERACY 2515 CAMINO DEL RIO SOUTH SUITE 125	33-0390376	501(C)(3)	43,918.				LITERACY NETWORK PRO
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION 5575 RUFFIN ROAD SUITE 250	95-2568714	501(C)(3)	49,763.				SALARY FOR THE SATUR
SAN DIEGO YOUTH & COMMUNITY SERVICES 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C)(3)	9,844.				2009 HIV/AIDS GRANTS
SAN FRANCISCO AIDS FOUNDATION 995 MARKET ST SUITE 200	94-2927405	501(C)(3)	75,000.				EXPANDED HIV TESTING
SAN FRANCISCO AIDS FUND 965 MISSION STREET SUITE 630	94-2922039	501(C)(3)	24,685.				EVICTIION PREVENTION
SAN FRANCISCO BREASTFEEDING PROMOTION COALI 527 BAKER STREET SAN FRANCISCO, CA 94117	61-1408129	501(C)(3)	8,800.				CHILDHOOD OBESITY
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST SUITE 450	94-2897258	501(C)(3)	10,000.				ANNIVERSAY GALA HONC
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 2789 25TH STREET SUITE 2028	94-3189424	501(C)(3)	39,250.				PROGRAM EVALUATION,
SAN FRANCISCO PUBLIC HEALTH FOUNDATION 1450 SUTTER STREET #101	94-3117093	501(C)(3)	31,500.				PROJECT HOMELESS CON
SAN FRANCISCO SCHOOL ALLIANCE 114 SANSOME STREET SUITE 800	94-3222869	501(C)(3)	75,000.				GATEWAY TO FITNESS

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 128

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO STUDY CENTER 1095 MARKET STREET SUITE 601	94-2168838	501(C)(3)	35,000.				SHAPE UP SF
SAN FRANCISCO SUICIDE PREVENTION INC 785 MARKET STREET SUITE 500	94-1581618	501(C)(3)	5,900.				GENERAL SUPPORT DONA
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HE 14101 EAST NELSON AVENUE	95-4590029	501(C)(3)	7,000.				CLINIC MANAGER SALAR
SAN JOAQUIN GENERAL HOSPITAL 500 WEST HOSPITAL ROAD	94-6000531	GOV'T ENTITY	7,600.				MIGRANT OUTREACH HEA
SAN JOSE CHILDREN'S DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 95110	94-2870828	501(C)(3)	38,800.				KICK START EAT SMART
SAN LEANDRO BOYS AND GIRLS CLUB 401 MARINA BOULEVARD SAN LEANDRO, CA 94577	94-6003779	501(C)(3)	22,000.				GANG PREVENTION PROG
SANTA CLARA CITY LIBRARY FOUNDATION & FRIEN 2635 HOMESTEAD ROAD SANTA CLARA, CA 95051	91-2125234	501(C)(3)	12,500.				HEALTH & WELLNESS CO
SANTA CLARA FAMILY HEALTH FOUNDATION 210 EAST HACIENDA AVENUE CAMPBELL, CA 95008	77-0545774	501(C)(3)	17,175.				SCHOOL OUTREACH PROG
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405	94-1231005	501(C)(3)	25,000.				MIGHTY MOUTH: CHILDR
SAVE OUR YOUTH 631 HAMILTON STREET COSTA MESA, CA 92627	33-0585600	501(C)(3)	10,000.				REA COMMUNITY HEALTH
SAVE SAN FRANCISCO BAY ASSOCIATION 350 FRANK H OGAWA PLAZA SUITE 900	94-6078420	501(C)(3)	20,000.				KEEP IT CLEAN! CAMPA
SCHOOL HEALTH CLINICS OF SANTA CLARA COUNTY 5671 SANTA TERESA BOULEVARD SUITE 105	77-0031679	501(C)(3)	11,845.				NUTRITION EDUCATION
SECOND HARVEST FOOD BANK SANTA CLARA & SAN 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	65,000.				FOOD ASSISTANCE AND
SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY 5353 SUNOL BLVD PLEASANTON, CA 94596	20-3225569	501(C)(3)	15,000.				WEIGHT CONTROL FOR H
SENIOR TOWNHOUSE 685 MARION ST NE SALEM, OR 97301	93-0594276	501(C)(3)	20,000.				HEALTHY EATING IN HA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 129

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST 11566 D AVENUE AUBURN, CA 95603	68-0430154	501(C)(3)	60,000.				HEALTH EXPRESS, HOME
SEROTONIN SURGE CHARITIES 1955 COWELL BLVD DAVIS, CA 95616	68-0411254	501(C)(3)	50,000.				SUPPORT FOR COMMUNIT
SERRA ANCILLARY CARE CORPORATION 1245 WEST WALNUT ST #106 PASADENA, CA 91106	95-4147364	501(C)(3)	28,937.				COMMUNITY HOUSING CP
SHANE'S INSPIRATION 15213 BURBANK BLVD VAN NUYS, CA 91411	95-4760497	501(C)(3)	10,000.				TOGETHER, WE ARE ABL
SHANTI ORANGE COUNTY 22722 LAMBERT SUITE 1711	33-0236592	501(C)(3)	10,000.				PRISM: INTEGRATED SE
SHELTER INC. OF CONTRA COSTA COUNTY 1815 ARNOLD DRIVE MARTINEZ, CA 94553	68-0117241	501(C)(3)	17,000.				FOOD SMARTS: NUTRIT
SILICON VALLEY CHRISTIAN HEALTH ALLIANCE 2360 MCLAUGHLIN AVENUE SAN JOSE, CA 95122	33-1070182	501(C)(3)	15,000.				PROJECT BRIGHTENING
SOCIAL ADVOCATES FOR YOUTH 3440 AIRWAY DRIVE SUITE E	94-1711490	501(C)(3)	19,500.				SANTA ROSA CLEAN SLA
SOCIAL SERVICES OF CLACKAMAS COUNTY INC 2051 KAEN ROAD PO BOX 2950	94-3032590	501(C)(3)	20,000.				GOOD FOR YOU! (HEALT
SOCRATES OPPORTUNITY SCHOLARSHIP FOUNDATION 24241 PARK GRANADA CALABASAS, CA 91302	95-4722980	501(C)(3)	44,996.				GENERAL OPERATING SU
SOIL BORN FARMS URBAN AGRICULTURE & EDUCATI 3000 HURLEY WAY SACRAMENTO, CA 95864	20-0774693	501(C)(3)	92,056.				YOUTH CORPS, VEGGIE
SOLANO COALITION FOR BETTER HEATHLH 360 CAMPUS LANE SUITE 110	94-3189914	501(C)(3)	75,000.				AFRICAN AMERICAN DIS
SOLANO COMMUNITY FOUNDATION 3442 BROWNS VALLEY RD STE 400	61-1568727	501(C)(3)	27,500.				CHOOSE WELL BE WELL,
SOLANO COUNTY HEALTH AND SOCIAL SERVICES DE 355 TUOLUMNE STREET MS-20-210	94-6000538	GOVT ENTITY	20,000.				TEEN PREGNANCY PREVE
SOLANO MIDNIGHT SUN 198 DOBBINS STREET SUITE D	20-8124921	501(C)(3)	15,000.				BREAST HEALTH PROJEC

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA COUNTY AREA AGENCY ON AGING 3725 WESTWIND BLVD SUITE 100	94-6000539	GOVT ENTITY	20,000.				STEP WISE PROGRAM
SONOMA VALLEY COMMUNITY HEALTH CENTER 430 WEST NAPA STREET SUITE F	68-0286382	501(C)(3)	20,000.				BEHAVIORAL HEALTH SE
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD SUITE 210	23-7049937	501(C)(3)	101,150.				SUPPORT FOR COMMUNIT
SOUTH COUNTY COLLABORATIVE 66 FIRST STREET SUITE 2 GILROY, CA 95119	20-3355032	501(C)(3)	6,000.				SPONSORSHIP OF SOUTH
SOUTH COUNTY COMMUNITY HEALTH CENTER, INC. 1798 A BAY ROAD EAST PALO ALTO, CA 94303	94-3372130	501(C)(3)	43,000.				RAVENSWOOD ACCESS TO
SOUTH HAYWARD PARISH 27287 PATRICK AVE HAYWARD, CA 94544	94-2250549	501(C)(3)	15,000.				HAYWARD COMMUNITY GA
SOUTH SAN FRANCISCO FRIENDS OF THE LIBRARY 840 WEST ORANGE AVENUE	74-3116201	501(C)(3)	15,000.				PROJECT READ - LEARN
SOUTHERN ALAMEDA COUNTY SPONSORING COMMITTEE 22634 SECOND STREET SUITE 209	94-3282881	501(C)(3)	15,000.				SCHOOL AND NEIGHBOR
SOUTHERN CALIFORNIA COUNSELING CENTER 5615 WEST PICO BOULEVARD	95-2430665	501(C)(3)	12,000.				THE OPEN DCOR PROJE
SOUTHWEST COMMUNITY HEALTH CENTER, INC. 751 LOMBARDI COURT SUITE B	68-0365296	501(C)(3)	58,178.				ROSELAND CHILDREN'S
SPANISH SPEAKING CITIZENS' FOUNDATION 1470 FRUITVALE AVENUE OAKLAND, CA 94601	94-1628221	501(C)(3)	10,000.				YOUTH DEVELOPMENT AN
SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501(C)(3)	10,000.				GENERAL OPERATING SU
SPECIAL OLYMPICS NORTHERN CALIFORNIA INC 3480 BUSKIRK AVE PLEASANT HILL, CA 94523	68-0363121	501(C)(3)	27,100.				SUMMER GAMES AND SUP
SPECIAL SERVICES FOR GROUPS INC. 605 WEST OLYMPIC BOULEVARD SUITE 600	95-1716914	501(C)(3)	22,000.				MIND, BODY, SPIRIT &
SPECTRUM COMMUNITY SERVICES 1435 GROVE WAY HAYWARD, CA 94546	94-1748275	501(C)(3)	20,000.				SENIOR WELLNESS PROJ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501(C)(3)	24,000.				MENTAL HEALTH TREATM
ST. JEANNE DE LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 92866	95-3499011	501(C)(3)	100,000.				SPECIALTY CARE PROGR
ST. JOHNS WELL CHILD AND FAMILY CENTER INC. 5701 SOUTH HOOVER STREET	95-4067758	501(C)(3)	27,500.				SUPPORT FOR COMMUNIT
ST. MARY MEDICAL CENTER FOUNDATION 1050 LINDEN AVENUE LONG BEACH, CA 90813	23-7153876	501(C)(3)	5,874.				HIV ANITBODY TESTING
STAND AGAINST DOMESTIC VIOLENCE 1410 DANZIG PLAZA SUITE 200	94-2476576	501(C)(3)	19,378.				STAND! FOR SAFE FAM
STEELWORKERS OLDTIMERS FOUNDATION 8572 SIERRA AVENUE FONTANA, CA 92335	95-6126109	501(C)(3)	25,000.				GENERAL OPERATING SU
STEPPING STONES GRWTH CTR FOR CHLDRN WITH R 311 MAC ARTHUR BOULEVARD	94-6069868	501(C)(3)	13,550.				STEPS TOWARDS WELLNE
STOP HOMELESS IN THE RIO HONDO AREA 12300 FOURTH ST BLDG 213 NORWALK, CA 90650	95-4084509	501(C)(3)	15,000.				MENTAL HEALTH PROGRA
STOP THE VIOLENCE MOVEMENT INC 1016 S OWENS STREET BAKERSFIELD, CA 93307	74-3172044	501(C)(3)	25,000.				PROJECT Y.E.S.: TO PR
STROKE RECOVERY CENTER 2800 EAST ALEJO ROAD PALM SPRINGS, CA 92262	95-3402464	501(C)(3)	10,000.				ADOPT-A-CLIENT
STUDENTS RUN AMERICA/STUDENTS RUN LA 6505 ZELZAH AVENUE RESEDA, CA 91335	95-4430502	501(C)(3)	22,000.				GENERAL OPERATING SU
STUDENTS RUN OAKLAND 301 EL CERRITO AVENUE PIEDMONT, CA 94611	94-3349836	501(C)(3)	10,000.				STUENDS RUN OAKLAND
SUNSET DISTRICT COMMUNITY DEVELOPMENT 3918 JUDAH STREET SAN FRANCISCO, CA 94122	93-1004117	501(C)(3)	15,000.				JUVENILE VIOLENCE PR
TAIWAN BUDDHIST TZU CHI MEDICAL FOUNDATION 7421 N MAPLE AVENUE FRESNO, CA 93720	95-4457939	501(C)(3)	85,000.				TZU CHI MEDICAL/VISI
TAKE WINGS FOUNDATION 762 FULTON SAN FRANCISCO, CA 94102	71-0877586	501(C)(3)	50,000.				TAKE WINGS FOUNDATIO

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 132

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Continuation Sheet for Schedule I (Form 990)**

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARZANA TREATMENT CENTER INC 18646 OXNARD STREET TARZANA, CA 91356	94-2219349	501(C)(3)	170,000.				INCREASING ACCESS TO
TEAM-UP FOR YOUTH 310 EIGHTH STREET SUITE 300	94-3310845	501(C)(3)	60,000.				TEAM UP FOR YOUTH CO
THE CALIFORNIA HEALTH CARE SAFETY-NET INSTI 70 WASHINGTON STREET SUITE 215	94-2970752	501(C)(3)	162,500.				GENERAL OPERATING SU
THE CENTER FOR INDIVIDUAL AND FAMILY COUNSE 5445 LAUREL CANYON BLVD	51-0204566	501(C)(3)	10,000.				CIFC SCHOOL BASED ME
THE CERRITOS COLLEGE FOUNDATION 11110 ALONDRA BLVD NORWALK, CA 90650	95-3387108	501(C)(3)	7,500.				STUDENT HEALTH AND W
THE CHILDREN'S CENTER OF THE ANTELOPE VALLE 45111 FERN AVENUE LANCASTER, CA 93534	95-4212759	501(C)(3)	8,910.				EQUINE ASSISTED PSYC
THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	95-1643332	501(C)(3)	10,000.				EVENT SUPPORT
THE COMMUNITY FOUNDATION 4280 LATHAM SUITE C RIVERSIDE, CA 92501	33-0748536	501(C)(3)	100,000.				CORE SUPPORT
THE DAVIS STREET COMMUNITY CENTER INCORPORA 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	59,800.				FAMILY SUPPORT SERVI
THE FRIENDS OF THE CALIFORNIA STATE FAIR 1600 EXPOSITION BLVD SACRAMENTO, CA 95852	94-2722656	501(C)(3)	25,000.				FARM SCHOOL TOUR AND
THE INTERFAITH COUNCIL OF SOLANO COUNTY 724 OHIO STREET FAIRFIELD, CA 94533	68-0440432	501(C)(3)	25,000.				HEATHER HOUSE MENTAL
THE INTERNATIONAL INSTITUTE OF THE BAY AREA 449 15TH STREET SUITE 303 OAKLAND, CA 94612	94-1156554	501(C)(3)	10,000.				IMMIGRATION LEGAL SE
THE LINK TO CHILDREN 5236 CLAREMONT AVENUE 2ND FLOOR	94-2224033	501(C)(3)	10,000.				VIOLENCE PREVENTION
THE MAPLE COUNSELING CENTER 9107 WILSHIRE BOULEVARD LOWER LEVEL	95-2753118	501(C)(3)	7,000.				DOMESTIC VIOLENCE ID
THE MAR VISTA FAMILY CENTER 5075 SOUTH SLAUSON AVENUE	95-2647443	501(C)(3)	12,000.				PRESCHOOL'S PARENT S

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 133

**SCHEDULE I-1**  
**(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607-4595	94-3282858	501(C)(3)	97,000.				CALIFORNIA CONVERGEN
THE RAISE FOUNDATION 17875 SKY PARK CIRCLE SUITE D1	33-0240178	501(C)(3)	90,000.				RESOURCES IN MOTION
THE SALVATION ARMY 3755 NORTH FREEWAY BLVD	94-1156347	501(C)(3)	50,000.				COMMUNITY IN CRISIS:
THE TRI-VALLEY COMMUNITY FOUNDATION 5674 STONERIDGE DR # 112	91-2078642	501(C)(3)	40,000.				SPECIAL OPPORTUNITY
THE VACAVILLE NEIGHBORHOOD BOYS & GIRLS CLU 1625 ALAMO DRIVE VACAVILLE, CA 95687	13-4223488	501(C)(3)	15,000.				TRIPLE PLAY
THE WALLACE MEDICAL CONCERN 254 NW BURNSIDE PO BOX 3506	93-0853709	501(C)(3)	60,250.				COMMUNITY HEALTH SER
THE WALL-LAS MEMORIAS PROJECT 111 N AVENUE 56 LOS ANGELES, CA 90042	95-4468225	501(C)(3)	10,000.				PROYECTO VERDAD/PROJ
THE WELLNESS COMMUNITY - SAN FRANCISCO EAST 3276 MCNUTT AVE WALNUT CREEK, CA 94597	68-0157858	501(C)(3)	27,900.				LATINO CANCER SUPPOR
THE WELLNESS COMMUNITY VALLEY VENTURA INC 530 HAMPSHIRE ROAD	77-0205691	501(C)(3)	15,000.				PROJECT SUPPORT LATI
THESSALONIKA FAMILY SERVICES, INC PO BOX 890326 TEMECULA, CA 92589	95-3551068	501(C)(3)	7,000.				RANCHO DAMACITAS CHI
TIBURCIO VASQUEZ HEALTH CENTER 33255 NINTH STREET UNION CITY, CA 94587	23-7118361	501(C)(3)	45,000.				BODY AND MIND POSITI
TIDES CENTER P O BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	56,520.				REBUILDING ELM PLAYL
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	90,000.				CALIFORNIA CONVERGEN
TOWN OF APPLE VALLEY 14955 DALE EVANS PARKWAY	33-0338303	GOVT ENTITY	10,000.				LEARN TO SWIM PROGRA
TRAVELERS AID SOCIETY OF LOS ANGELES CALIF 1507 WINONA BLVD LOS ANGELES, CA 90027	95-1691323	501(C)(3)	8,000.				CRISIS MANAGEMENT &

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET STE 2100	23-7255435	501(C)(3)	80,000.				LIVE OUTREACH UNIQUE
UJIMA FAMILY RECOVERY SERVICES 1901 CHURCH LN SAN PABLO, CA 94806	68-0127450	501(C)(3)	15,000.				CHILDREN'S RECOVERY
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	95-3958741	501(C)(3)	14,280.				SUPPORT FOR COMMUNIT
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VA 650 ZEDIKER AVENUE PARLIER, CA 93648-2639	94-1732538	501(C)(3)	40,000.				GENERAL OPERATING SU
UNITED IU-MIEN COMMUNITY, INC. 6000 LEMON HILL AVE SACRAMENTO, CA 95824	68-0364879	501(C)(3)	10,400.				GENERAL OPERATING FU
UNITED WAY OF COWLITZ COUNTY PO BOX 786 LONGVIEW, WA 98632	91-0609306	501(C)(3)	9,534.				CORPORATE DONATION
UNITED WAY OF GREATER LOS ANGELES 523 WEST SIXTH STREET LOS ANGELES, CA 90014	95-2274801	501(C)(3)	94,000.				PROJECT SUPPORT TALE
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2213995	501(C)(3)	25,000.				GENERAL OPERATING SU
UNITED WAY OF SAN JOAQUIN COUNTY 401 E MAIN STREET STOCKTON, CA 95202	94-1279805	501(C)(3)	55,045.				NEIGHBORS IN HEALTH
UNITED WAY OF THE COLUMBIA WILLAMETTE 619 SW 11TH STE 300 PORTLAND, OR 97205	93-0582124	501(C)(3)	229,529.				CORPORATE DONATION
UNITED WAY OF THE MID-WILLAMETTE VALLEY 455 BLILER AVENUE NE SALEM, OR 97301-5069	93-0395586	501(C)(3)	9,358.				CORPORATE DONATION
UNITED WAY OF THE STANISLAUS AREA 422 MCHENRY AVENUE MODESTO, CA 95354	94-1212129	501(C)(3)	73,982.				CHILDREN'S HEALTH PL
UNITED WAY OF THE WINE COUNTRY 418 B STREET SUITE 400 SANTA ROSA, CA 95401	94-1669646	501(C)(3)	35,000.				NEIGHBORS IN HEALTH
UNITED WAY OF VENTURA COUNTY 1317 DEL NORTE SUITE 100	95-1945833	501(C)(3)	15,000.				VENTURA COUNTY 2-1-1
UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC. 711 WEST FLORENCE AVENUE	95-4666712	501(C)(3)	12,000.				PROMOTING A HEALTHY

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 135

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA REGENTS 1715 CANAL STREET MERCED, CA 95340	27-0093858	GOVT ENTITY	6,700.				ASSESSING THE REGION
VACAVILLE PUBLIC EDUCATION FOUNDATION 1261 TRAVIS BOULEVARD - SUITE 320	68-0354961	501(C)(3)	26,250.				VALLEJO UNIFIED SCHO
VALLEJO COMMUNITY CONSORTIUM 505 SANTA CLARA STREET VALLEJO, CA 94590	68-0298092	501(C)(3)	25,000.				VALLEJO MIDDLE SCHO
VALLEY CARE COMMUNITY CONSORTIUM INC 7515 VAN NUYS BOULEVARD FIFTH FLOOR	20-5569606	501(C)(3)	300,000.				SPECIALTY CARE INITI
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVE STE 1B	23-7050082	501(C)(3)	100,304.				PROJECT SUPPORT AND
VALLEY VISION 2320 BROADWAY SACRAMENTO, CA 95818	94-3214572	501(C)(3)	7,400.				REGIONAL FOOD COLLAB
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)	447,500.				PROJECT SUPPORT AND
VENTURA CNTY RAINBOW ALLIANCE GAY & LESBIAN 4567 TELEPHONE ROAD SUITE 100	77-0332688	501(C)(3)	10,000.				HIV TESTING AND COUN
VIP COMMUNITY MENTAL HEALTH CENTER, INC. 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	10,000.				TEEN ADVANCEMENT PRO
VISION Y COMPROMISO 2536 EDWARDS AVENUE EL CERRITO, CA 94530	32-0071651	501(C)(3)	26,000.				PROJECT SUPPORT AND
VISITING NURSE ASSOCIATION OF THE INLAND CO 6235 RIVER CREST DRIVE SUITE L	95-1641973	501(C)(3)	7,500.				THE MOURNING STAR CE
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA, CA 92084	95-2815615	501(C)(3)	47,000.				2009 HIV/AIDS GRANTS
VMC FOUNDATION 2400 MOORPARK SUITE 207 SAN JOSE, CA 95128	77-0187890	501(C)(3)	62,000.				BANPAC'S SODA FREE S
VOLUNTEER CENTER OF NAPA COUNTY, INC. 1820 JEFFERSON STREET NAPA, CA 94559	23-7350985	501(C)(3)	10,000.				FRIENDLY VISITATIONS
VOLUNTEER CENTER OF ORANGE COUNTY 1901 EAST FOURTH STREET SUITE 100	95-2021700	501(C)(3)	140,000.				LOCAL PARTNERSHIP GR

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 136

**SCHEDULE I-1**  
**(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALK SAN DIEGO 740 13TH STREET SUITE 220	46-0505205	501(C)(3)	90,000.				NEXT STEPS PROJECT
WEAVE, INC. 1900 K STREET SACRAMENTO, CA 95814	94-2493158	501(C)(3)	20,000.				CRISIS RESPONSE SERV
WELLNESS COMMUNITY - FOOTHILLS INC. 200 EAST DEL MAR BLVD STE 118	95-4201985	501(C)(3)	32,500.				PROJECT SUPPORT AND
WEST CONTRA COSTA PUBLIC EDUCATION FUND 5 ALVARADO SQUARE SAN PABLO, CA 94806	68-0005307	501(C)(3)	20,000.				STRENGTHENING THE TI
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT 1108 BISSELL AVENUE RICHMOND, CA 94804	68-0000495	GOVT ENTITY	15,500.				CORONADO ELEMENTARY
WEST COUNTY HEALTH CENTERS, INC PO BOX 1449 14045 MILL STREET	23-7310613	501(C)(3)	10,000.				EMERGENCY PREPAREDNE
WEST COVINA POLICE OFFICERS RELIEF ASSOCIAT 1444 WEST GARVEY AVE SOUTH	95-4092544	GOVT ENTITY	7,000.				GREAT PROGRAM
WEST MARIN SENIOR SERVICES 11435 STATE ROUTE ONE	51-0192320	501(C)(3)	10,000.				CASE MANAGEMENT SERV
WEST VALLEY COMMUNITY SERVICES 10104 VISTA DRIVE CUPERTINO, CA 95014	94-2211685	501(C)(3)	15,000.				CARE (COMMUNITY ACCE
WESTCARE CALIFORNIA INC 900 GRIER DRIVE LAS VEGAS, NV 89119	23-7368450	501(C)(3)	44,870.				WOMEN'S HEALTH C.A.R
WESTERN JUSTICE CENTER FOUNDATION 55 SOUTH GRAND AVE PASADENA, CA 91105	95-4176583	501(C)(3)	9,150.				SUPPORT FOR COMMUNTI
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BOULEVARD	95-2931931	501(C)(3)	17,000.				PROJECT SUPPORT AND
WESTSIDE NEIGHBORHOOD CLINIC 2125 SANTA FE AVENUE LONG BEACH, CA 90810	95-2973364	501(C)(3)	10,000.				PATIENTS WITH ASTHMA
WHITTIER RIO HONDO AIDS PROJECT 9200 COLIMA RD STE 104 WHITTIER, CA 90605	95-4438637	501(C)(3)	22,874.				GENERAL OPERATING SU
WILMINGTON COMMUNITY FREE CLINIC 1009 N AVALON BLVD WILMINGTON, CA 90744	95-3137803	501(C)(3)	15,000.				GENERAL OPERATING SU

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

JSA

9E1317 1.000

92321C 646A

V 09-8.1

PAGE 137

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

Name of the organization

Employer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISE SENIOR SERVICES INC 1527 FOURTH STREET 2ND FLOOR	95-2788014	501(C)(3)	17,000.				PROJECT SUPPORT AND
WOMEN ORGANIZED TO RESPOND TO LIFE THREATEN 414 13TH ST 2ND FLOOR OAKLAND, CA 94612	94-3177103	501(C)(3)	10,000.				WORLD SPEAKERS BUREA
WOMEN'S CENTER OF SAN JOAQUIN 620 NORTH SAN JOAQUIN STREET	94-2341360	501(C)(3)	75,000.				COMMUNITY YOUTH VIOL
WOMEN'S DAYTIME DROP IN CENTER 2218 ACTON STREET BERKELEY, CA 94702	94-3123986	501(C)(3)	15,000.				HIV/AIDS PREVENTION
WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE PO BOX 1356 SANTA ROSA, CA 95402	51-0178620	501(C)(3)	15,000.				SAVING LIVES OF BABI
WORKER EDUCATION AND RESOURCE CENTER, INC. 500 SOUTH VIRGIL AVENUE SUITE 200	95-4888539	501(C)(3)	50,000.				HEALTH CARE WORKFORC
WORKFORCE DEVELOPMENT CORPORATION SE LA COU 10900 EAST 183RD STREET SUITE 350	33-0287492	501(C)(3)	50,000.				HEALTHCARE OCCUPATIO
WORKING WONDERS 35-325 DATE PALM DRIVE SUITE 145	33-0944802	501(C)(3)	10,000.				SPILL THE BEANS' HIV
WORKSITE WELLNESS LA 5955 SOUTH WESTERN AVENUE	55-0802354	501(C)(3)	30,000.				PROJECT SUPPORT AND
YMCA OF SILICON VALLEY 1922 THE ALAMEDA 3RD FLOOR	94-1156318	501(C)(3)	75,239.				SCHOOL PARTNERSHIPS,
YMCA OF SILICON VALLEY 1922 THE ALAMEDA 3RD FLOOR	94-1212140	501(C)(3)	35,000.				SCHOOL PARTNERSHIPS,
YMCA OF THE EAST BAY 263 SOUTH 20TH STREET RICHMOND, CA 94804	94-1156317	501(C)(3)	19,500.				MENTAL HEALTH COUNSE
YMCA OF THE MID PENINSULA- EL CAMINO BRANCH 2400 GRANT ROAD MOUNTAIN VIEW, CA 94040	94-1156318	501(C)(3)	12,000.				FIT FOR LEARNING FOR
YOLO COUNTY CHILDRENS ALLIANCE 600 A STREET SUITE Y DAVIS, CA 94616	68-0526185	501(C)(3)	100,500.				CHILDREN'S HEALTH IN
YOLO FAMILY RESOURCE CENTER 409 LINCOLN AVE WOODLAND, CA 95695	47-0871252	501(C)(3)	16,000.				KNIGHTS LANDING FAMI

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>YOUNG &amp; HEALTHY</u>							
37 NORTH HOLLISTON AVENUE	95-4527969	501(C)(3)	45,000.				PROJECT SUPPORT AND
<u>YOUNG MEN'S CHRISTIAN ASSOC OF GREATER LONG</u>							
15530 WOODRUFF AVE BELLFLOWER, CA 90706	95-1643396	501(C)(3)	11,500.				GENERAL OPERATING SU
<u>YOUNG MEN'S CHRISTIAN ASSOC OF METROPOLITAN</u>							
625 S NEW HAMPSHIRE AVE	95-1644052	501(C)(3)	106,390.				GENERAL OPERATING SU
<u>YOUNG MENS CHRISTIAN ASSOCIATION OF THE EAS</u>							
4725 FIRST STREET SUITE 200	94-1156317	501(C)(3)	15,000.				FUN AND FITNESS CAMP
<u>YOUNG WOMEN'S CHRISTIAN ASSOC OF SALEM, ORE</u>							
1255 BROADWAY ST NE SUTIE 110	93-0386985	501(C)(3)	20,000.				YWCA WOMEN'S HEALTH
<u>YOUNG WOMENS CHRISTIAN ASSOCIATION OF GLEND</u>							
735 E LEXINGTON DR GLENDALE, CA 91206	95-1644057	501(C)(3)	12,000.				ENCORE PLUS
<u>YOUNG WOMENS CHRISTIAN ASSOCIATION OF SAN P</u>							
437 W 9TH STREET SAN PEDRO, CA 90731	95-1691337	501(C)(3)	15,000.				BREAST CANCER EARLY
<u>YOUNG WOMENS CHRISTIAN ASSOCIATION OF SANTA</u>							
2019 FOURTEENTH ST SANTA MONICA, CA 90405	95-1643398	501(C)(3)	10,000.				ENCORE PROGRAM FOR C
<u>YOUTH ALIVE!</u>							
3300 ELM STREET OAKLAND, CA 94609	94-3143254	501(C)(3)	127,800.				HOSPITAL-BASED YOUTH
<u>YOUTH AND FAMILY ENRICHMENT SERVICES</u>							
610 ELM STREET SUITE #212	94-3094966	501(C)(3)	20,000.				'THE CHILDREN'S PLAC
<u>YOUTH AND FAMILY SERVICES, INC.</u>							
1017 TENNESSEE STREET VALLEJO, CA 94590	94-2793548	501(C)(3)	20,000.				PARENTS AND CHILDREN
<u>YOUTH ENRICHMENT STRATEGIES</u>							
2811 MACDONALD AVENUE RICHMOND, CA 94804	03-0458294	501(C)(3)	15,000.				PEACETALK: NON-DEFEN
<u>YOUTH FOR CHRIST USA, INC.</u>							
1102 N SCHOOL STREET STOCKTON, CA 95205	94-1708137	501(C)(3)	50,000.				THE VIOLENCE PREVENT
<u>YOUTH LEADERSHIP INSTITUTE</u>							
246 FIRST ST SAN FRANCISCO, CA 94105	68-0184712	501(C)(3)	40,000.				RURAL YOUTH ADVOCATI
<u>YOUTH SPEAK COLLECTIVE</u>							
11243 GLENOAKS BLVD SUITE 11	27-0126980	501(C)(3)	15,000.				PROJECT YOUTH GREEN

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009





**Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)**

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY A ADAMS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	576,378.	309,513.	44,320.	198,035.	13,127.	1,141,373.	0.
PETER ANDRUSZKIEWICZ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	391,169.	173,662.	162,016.	136,505.	11,987.	875,339.	0.
TERRY L AUSTEN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	256,392.	77,123.	382,230.	132,292.	13,790.	861,827.	107,078.
MARY ANN BARNES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,859.	113,341.	93,983.	109,899.	11,862.	637,944.	0.
ANNE D BARR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	278,063.	158,406.	131,027.	67,016.	13,790.	648,302.	0.
RAYMOND J BAXTER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	503,598.	410,102.	606,772.	259,993.	13,790.	1,794,255.	542,597.
MICHAEL BRADY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,584.	0.	259,487.	42,239.	22,233.	610,543.	0.
ROSWITHA CALHAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	251,565.	91,201.	38,611.	77,915.	13,127.	472,419.	0.
CHRISTINE K CASSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	162,000.	0.	50.	0.	0.	162,050.	0.
WILLIAM B CASWELL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,420.	193,150.	112,751.	86,267.	11,862.	729,450.	0.
THOMAS W CHAPMAN, EDD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	115,600.	0.	17,297.	70,000.	0.	202,897.	0.
BENJAMIN K CHU	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	577,790.	565,759.	62,632.	227,307.	11,862.	1,445,350.	0.
JUDITH L COFFEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	288,492.	116,507.	134,578.	185,593.	13,790.	738,960.	114,325.
BETTIE J COLES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	109,882.	80,956.	440,739.	34,788.	21,270.	687,635.	117,173.
MARK E COSTA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	273,588.	89,533.	16,150.	70,944.	11,862.	462,077.	0.
ROBERT M CRANE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	131,987.	619,261.	0.	10,505.	761,753.	0.

Schedule J (Form 990) 2009

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

TOP MANAGEMENT OFFICIALS' COMPENSATION

KAISER FOUNDATION HOSPITALS RELIED ON KAISER FOUNDATION HEALTH PLAN, INC

THAT USED ONE OR MORE OF THE METHODS DESCRIBED BELOW TO ESTABLISH THE TOP

MANAGEMENT OFFICIALS' COMPENSATION:

- COMPENSATION COMMITTEE

- INDEPENDENT COMPENSATION CONSULTANT

- FORM 990 OF OTHER ORGANIZATIONS

- WRITTEN EMPLOYMENT CONTRACT

- COMPENSATION SURVEY OR STUDY, AND

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE J, PART I, LINE 4-A

SEVERANCE PAYMENTS

CHRISTINE L MALCOLM \$ 1,492,105

LAURENCE O'NEIL 896,784

CAROLYN M KENNY 518,544

BETTIE J COLES 311,538

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CAROL J RIZZO 274,615

WILLIAM R DALE 238,260

KEITH A LEE 176,346

TOTAL \$ 3,908,192

LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE  
BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR  
DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND  
TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS  
PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED  
OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE  
BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE  
PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN  
ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4-B

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS

GEORGE C HALVORSON \$ 1,237,500

STEVEN R ZATKIN 468,045

TERRY L AUSTEN 421,833

RAYMOND J BAXTER 389,386

BERNARD J TYSON 323,207

DANIEL P GARCIA 285,048

HERMAN M WEIL 276,248

LOUISE LIANG 263,459

ARTHUR M SOUTHAM 236,262

JUDITH L COFFEY 222,668

MARILYN KAWAMURA 207,448

JERRY C FLEMING 193,132

PHILIP FASANO 190,962

BENJAMIN K CHU 184,496

KATHY LANCASTER 178,867

GREGORY A ADAMS 157,935

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

ANNE D BARR	136,071
PAUL B RECORDS	133,545
PATRICIA KENNEDY-SCOTT	118,037
BETTIE J COLES	117,173
GERALD A MCCALL	115,497
DONNA LYNNE	107,890
WILLIAM B CASWELL	105,887
EDWARD S GLAVIS	103,532
JANET A LIANG	101,966
PETER ANDRUSZKIEWICZ	101,358
ANDREW R MCCULLOCH	97,422
DEBORAH STOKES	94,289
MITCHELL J GOODSTEIN	83,084
DIANE E GAGE LOFGREN	76,825
JED WEISSBERG	59,671
JUDITH M MEARS	56,452
GARRY L HURLBUT	51,057
RICHARD D DANIELS	49,050



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

THOMAS R MEIER	43,474
NATHANIEL L OUBRE	42,828
JULIE MILLER-PHIPPS	41,945
MARY ANN BARNES	40,518
ELIZABETH JANE FINLEY	38,380
ROBERT M CRANE	37,259
COLLEEN M MCKEOWN	36,405
MARK E COSTA	35,797
LINDA J JENSEN	34,776
CORWIN NATHANIEL HARPER	33,721
MAX VILLALOBOS	33,721
CARLOS ZARAGOZA	33,294
CHRISTINE ROBISCH	32,601
SANDRA A GOLZE	30,273
MICHAEL BRADY	29,622
ROSWITHA CALHAN	28,492
KENNETH R GOLTARA	24,247
TOTAL	\$ 7,542,655

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SOME OF THE LISTED PERSONS PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL  
RETIREMENT PLANS. UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL  
CONTRIBUTIONS TO ACCOUNTS HELD IN THE NAME OF INDIVIDUAL PARTICIPANTS.  
CONTRIBUTIONS VARY BY POSITION LEVEL AND PAY, AND VEST OVER TIME BASED ON  
AGE AND/OR SERVICE. PARTICIPANT ACCOUNTS ARE CREDITED WITH ACTUAL  
INVESTMENT RETURNS FROM UP TO FOUR MUTUAL FUNDS AND/OR WITH A FIXED RATE  
OF INTEREST OR A COMBINATION THEREOF. UNVESTED AMOUNTS ARE SUBJECT TO  
RISK OF FORFEITURE.

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.  
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM R DALE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	202,004.	120,384.	297,339.	29,409.	13,790.	662,926.	0.
RICHARD D DANIELS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,847.	90,496.	159,018.	71,947.	13,228.	721,536.	0.
STEVEN DOSHAY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,188.	43,546.	5,527.	36,298.	11,862.	281,421.	0.
CARL EBERLING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	315,749.	84,240.	268,958.	0.	12,802.	681,749.	0.
PHILIP FASANO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	618,819.	354,812.	146,384.	220,527.	13,633.	1,354,175.	0.
ELIZABETH J FINLEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	259,315.	136,039.	61,117.	80,172.	11,862.	548,505.	0.
JERRY C FLEMING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	392,469.	355,968.	188,132.	156,364.	13,790.	1,106,723.	100,748.
DIANE E GAGE LOFGREN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	336,098.	287,953.	60,882.	111,972.	12,802.	809,707.	0.
DANIEL P GARCIA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	387,526.	432,362.	193,497.	205,344.	12,070.	1,230,799.	146,693.
EDWARD S GLAVIS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	296,580.	134,597.	104,826.	96,632.	13,790.	646,425.	61,557.
KENNETH R GOLTARA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,337.	0.	296,378.	54,808.	12,025.	578,548.	0.
SANDRA A GOLZE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	222,979.	76,804.	38,773.	65,420.	13,790.	417,766.	0.
MITCHELL J GOODSTEIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	405,397.	341,529.	49,349.	131,376.	13,790.	941,441.	0.
WILLIAM R GRABER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	192,000.	0.	12,679.	0.	0.	204,679.	0.
J. EUGENE GRIGSBY, III, P	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	193,100.	0.	4,753.	0.	0.	197,853.	0.
GEORGE C HALVORSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,188,160.	4,054,050.	1,349,839.	62,820.	12,802.	6,667,671.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

JSA

9E1293 1.000

92321C 646A

V 09-8.1

PAGE 150

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CORWIN N HARPER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	276,045.	95,363.	52,463.	64,118.	12,802.	500,791.	0.
GARRY L HURLBUT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	334,502.	167,655.	125,146.	47,576.	13,790.	688,669.	44,831.
LINDA J JENSEN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,414.	102,955.	40,319.	99,167.	1,000.	509,855.	0.
JUDITH JOHANSEN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,500.	0.	11,386.	0.	0.	186,886.	0.
MARILYN KAWAMURA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	357,713.	245,184.	178,208.	154,831.	11,779.	947,715.	112,043.
PATRICIA KENNEDY-SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	354,551.	385,467.	60,451.	158,137.	16,558.	975,164.	0.
CAROLYN M KENNY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	519,484.	0.	12,646.	532,130.	518,544.
KATHY LANCASTER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	577,270.	612,074.	61,366.	218,461.	13,790.	1,482,961.	0.
KEITH A LEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	10,221.	48,030.	282,551.	1,972.	9,949.	352,723.	200,346.
JANET A LIANG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	353,924.	149,330.	65,940.	124,229.	9,953.	703,376.	0.
LOUISE LIANG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	67,908.	977,968.	743,899.	6,530.	1,149.	1,797,454.	263,459.
DONNA LYNNE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	364,195.	322,836.	44,536.	143,037.	14,238.	888,842.	0.
CHRISTINE L MALCOLM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,193.	277,885.	1,549,968.	42,811.	13,790.	2,105,647.	561,776.
PHILIP MARINEAU	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,500.	0.	12,679.	0.	0.	193,179.	0.
GERALD A MCCALL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	342,470.	200,051.	105,470.	120,483.	11,862.	780,336.	62,302.
ANDREW R MCCULLOCH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	363,612.	71,782.	61,091.	156,496.	13,470.	666,451.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

JSA

9E1293 1.000

92321C 646A

V 09-8.1

PAGE 151

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
COLLEEN M MCKEOWN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 293,160.	94,243.	38,933.	91,458.	13,790.	531,584.	0.
JUDITH M MEARS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 216,814.	94,122.	103,899.	89,618.	12,802.	517,255.	52,824.
THOMAS R MEIER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 284,736.	224,422.	58,678.	75,573.	13,127.	656,536.	0.
JULIE MILLER-PHIPPS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 309,006.	162,781.	16,575.	96,998.	11,862.	597,222.	0.
JENNY J MING	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 161,000.	0.	12,679.	0.	0.	173,679.	0.
INDRAJIT OBEYSEKERE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 203,955.	57,560.	15,770.	33,032.	12,802.	323,119.	0.
LAURENCE O'NEIL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	897,027.	0.	13,790.	910,817.	896,784.
NATHANIEL L OUBRE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 321,217.	222,458.	201,703.	80,797.	12,200.	838,375.	0.
EDWARD PEI	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 166,000.	0.	0.	0.	0.	166,000.	0.
J NEAL PURCELL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 217,200.	0.	11,157.	0.	0.	228,357.	0.
PAUL B RECORDS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 438,890.	312,756.	106,530.	163,110.	12,802.	1,034,088.	0.
FRANK P RICHARDSON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 181,977.	37,601.	16,490.	32,460.	9,953.	278,481.	0.
CAROL J RIZZO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 77,821.	110,517.	286,400.	0.	21,498.	496,236.	0.
CHRISTINE ROBISCH	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 259,252.	84,162.	32,576.	71,566.	12,802.	460,358.	0.
ROCHELLE ROTH	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 133,164.	14,369.	24,315.	28,264.	13,027.	213,139.	0.
JACQUELINE SELLERS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 152,800.	31,933.	41,362.	44,062.	12,802.	282,959.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

JSA

9E1293 1.000

92321C 646A

V 09-8.1

PAGE 152

**SCHEDULE J-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.  
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARTHUR M SOUTHAM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	713,074.	908,866.	65,551.	276,362.	11,325.	1,975,178.	0.
DEBORAH STOKES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	291,085.	175,811.	94,726.	104,729.	13,127.	679,478.	53,951.
CYNTHIA TELLES, PHD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,600.	0.	6,441.	0.	0.	191,041.	0.
MARY ANN THODE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	36,879.	793,990.	5,962.	11,010.	11,684.	859,525.	0.
SANDRA THOMPkins	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,000.	0.	14,604.	0.	0.	174,604.	0.
BERNARD J TYSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	680,034.	901,070.	148,868.	262,495.	13,790.	2,006,257.	0.
MAX VILLALOBOS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	277,633.	81,285.	16,711.	69,859.	12,802.	458,290.	0.
HERMAN M WEIL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	313,250.	186,483.	235,116.	185,708.	12,451.	933,008.	124,485.
JED WEISSBERG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,245.	0.	42,206.	106,480.	13,790.	426,721.	0.
CARLOS ZARAGOZA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,745.	93,503.	48,063.	116,478.	11,862.	503,651.	5,843.
STEVEN R ZATKIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	545,314.	579,050.	546,352.	90,250.	12,493.	1,773,459.	462,144.
VICTORIA B ZATKIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,000.	38,584.	46,865.	44,991.	2,298.	313,738.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

JSA

9E1293 1.000

92321C 646A

V 09-8.1

PAGE 153

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANET A LIANG REGIONAL PRESIDENT, HAWAII	40.00			X				0.	569,194.	134,182.
LOUISE LIANG SVP, QUALITY AND CLINICAL SYST	40.00			X				0.	1,789,775.	7,679.
DONNA LYNNE REGIONAL PRESIDENT, COLORADO	40.00			X				0.	731,567.	157,275.
CHRISTINE L MALCOLM SVP, HOSPITAL STRATEGY & NATL	40.00			X				0.	2,049,046.	56,601.
ANDREW R MCCULLOCH REGIONAL PRESIDENT, NORTHWEST	40.00			X				0.	496,485.	169,966.
JUDITH M MEARS VP & ASST GEN COUNSEL	40.00			X				0.	414,835.	102,420.
THOMAS R MEIER SVP & TREASURER	40.00			X				0.	567,836.	88,700.
INDRAJIT OBEYSEKERE ASSISTANT SECRETARY	40.00			X				0.	277,285.	45,834.
PAUL B RECORDS SVP, HUMAN RESOURCES	40.00			X				0.	858,176.	175,912.
FRANK P RICHARDSON VP, REGIONAL COUNSEL HAWAII	40.00			X				0.	236,068.	42,413.
ROCHELLE ROTH ASSISTANT SECRETARY	40.00			X				0.	171,848.	41,291.
JACQUELINE SELLERS SENIOR COUNSEL	40.00			X				0.	226,095.	56,864.
ARTHUR M SOUTHAM EVP - HEALTH PLAN OPERATIONS	40.00			X				0.	1,687,491.	287,687.
DEBORAH STOKES SVP, CHIEF CONTROLLER, CAO	40.00			X				0.	561,622.	117,856.
MARY ANN THODE SVP - OFFICE OF LABOR MGMT	40.00			X				0.	836,831.	22,694.
BERNARD J TYSON EVP - HEALTH PLAN & HOSPITAL O	40.00			X				0.	1,729,972.	276,285.
HERMAN M WEIL SVP, FEDERAL & STATE PROGRAMS	40.00			X				0.	734,849.	198,159.
JED WEISSBERG SVP, QUALITY & CARE DELIVERY E	40.00			X				0.	306,451.	120,270.
CARLOS ZARAGOZA VP, PRACTICE LEADER - LABOR &	40.00			X				0.	375,311.	128,340.
STEVEN R ZATKIN SVP, GENERAL COUNSEL & SECRETA	40.00			X				0.	1,670,716.	102,743.
VICTORIA B ZATKIN DIR BOD SVCS & ASST SECY	40.00			X				0.	266,449.	47,289.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY L AUSTEN SVP, AREA MGR - SAN JOSE	40.00				X			0.	715,745.	146,082.
MARY ANN BARNES SVP & EXEC DIR. SAN DIEGO	40.00				X			0.	516,183.	121,761.
MICHAEL BRADY SVP, INFRASTRUCTURE MGMT GROUP	40.00				X			0.	546,071.	64,472.
ROSWITHA CALHAN SVP & AREA MGR, NAPA/SOLANO	40.00				X			0.	381,377.	91,042.
WILLIAM B CASWELL SVP, OPERATIONS OF S.CAL	40.00				X			0.	631,321.	98,129.
JUDITH L COFFEY SVP, AREA MGR-MARIN, SONOMA	40.00				X			0.	539,577.	199,383.
BETTIE J COLES SVP, SVC AREA MGR EAST BAY	40.00				X			0.	631,577.	56,058.
MARK E COSTA EXEC DIR, MED CTR LOS ANGELES	40.00				X			0.	379,271.	82,806.
RICHARD D DANIELS SVP, BIO - HP & HOSP OPS	40.00				X			0.	636,361.	85,175.
ELIZABETH J FINLEY SVP, SVC AREA MGR - VALLEYS	40.00				X			0.	456,471.	92,034.
EDWARD S GLAVIS SVP, AREA MANAGER - N VALLEY	40.00				X			0.	536,003.	110,422.
CORWIN N HARPER SVP & AREA MGR, CENTRAL VALLEY	40.00				X			0.	423,871.	76,920.
LINDA J JENSEN SVP, AREA MGR. - SAN MATEO	40.00				X			0.	409,688.	100,167.
GERALD A MCCALL SVP, SVC AREA - TRI-CENTRAL	40.00				X			0.	647,991.	132,345.
COLLEEN M MCKEOWN SVP, AREA MGR-GRTR SO. ALAMEDA	40.00				X			0.	426,336.	105,248.
JULIE MILLER-PHIPPS SVP, SVC. AREA MGR. - ORANGE	40.00				X			0.	488,362.	108,860.
NATHANIEL L OUBRE SVP, SVC AREA MGR - EAST BAY	40.00				X			0.	745,378.	92,997.
CAROL J RIZZO SVP, CTO	40.00				X			0.	474,738.	21,498.
CHRISTINE ROBISCH SVP, AREA MGR - SAN FRANCISCO	40.00				X			0.	375,990.	84,368.
MAX VILLALOBOS SVP, AREA MGR SO. SACRAMENTO	40.00				X			0.	375,629.	82,661.
ANNE D BARR VP INTEGRATED PLANNG & DELVRY	40.00					X		0.	567,496.	80,806.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009



Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the Organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

[illegible]

Schedule J-2 (Form 990) 2009

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

► **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	52-1598225	130911RW2	08/06/2003	213,060,000.	FINANCE HEALTH CARE FACILITY		X		X
<b>B</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911WF3	03/30/2004	1,600,000,000.	FINANCE HEALTH CARE FACILITY		X		X
<b>C</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309112G4	06/08/2006	916,299,000.	FINANCE HEALTH CARE FACILITY		X		X
<b>D</b> CALIFORNIA HEALTH FACILITIES FINANCING AUTH	52-1643828	13033FK74	06/08/2006	600,000,000.	FINANCE HEALTH CARE FACILITY		X		X
<b>E</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	1309116M7	02/01/2007	476,113,485.	FINANCE HEALTH CARE FACILITY		X		X

**Part II Proceeds**

	A		B		C		D		E	
<b>1</b> Total proceeds of issue . . . . .	213,060,000.		1,639,844,037.		954,024,896.		602,245,616.		476,113,485.	
<b>2</b> Gross proceeds in reserve funds . . . . .	0.		0.		0		0		0.	
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .	0.		0.		0		0		0.	
<b>4</b> Other unspent proceeds . . . . .	0.		0.		0		0		0.	
<b>5</b> Issuance costs from proceeds . . . . .	0.		6,375,000.		0		0		2,328.	
<b>6</b> Working capital expenditures from proceeds . . . . .	0.		0.		0		0		0.	
<b>7</b> Capital expenditures from proceeds . . . . .	0.		1,633,469,037.		954,024,896.		602,245,616.		0.	
<b>8</b> Year of substantial completion . . . . .			2009		2009		2009			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue?	X			X		X		X	X	
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
<b>11</b> Has the final allocation of proceeds been made?	X		X		X		X		X	
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X		X		X	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009

JSA

9E1295 2.000

92321C 646A

V 09-8.1

PAGE 157

**SCHEDULE K  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795SZ1	05/01/2008	500,000,000.	FINANCE HEALTH CARE FACILITY		X		X
<b>B</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795D38	06/03/2009	1,638,437,048.	FINANCE HEALTH CARE FACILITY		X		X
<b>C</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130911LD0	06/03/2009	99,996,058.	FINANCE HEALTH CARE FACILITY		X		X
<b>D</b> CALIFORNIA STATEWIDE CMNTYS DEV AUTH	68-0164610	130795TP2	06/03/2009	149,996,162.	FINANCE HEALTH CARE FACILITY		X		X
<b>E</b>									

**Part II Proceeds**

	A		B		C		D		E	
<b>1</b> Total proceeds of issue . . . . .	500,000,000.		1,638,437,048.		99,996,058.		149,996,162.			
<b>2</b> Gross proceeds in reserve funds . . . . .	0.		0.		0		0			
<b>3</b> Proceeds in refunding or defeasance escrows . . . . .	0.		0.		0		0			
<b>4</b> Other unspent proceeds . . . . .	0.		284,970,000.		0		0			
<b>5</b> Issuance costs from proceeds . . . . .	0.		0.		0		0			
<b>6</b> Working capital expenditures from proceeds . . . . .	0.		0.		0		0			
<b>7</b> Capital expenditures from proceeds . . . . .	0.		1,353,467,048.		0		0			
<b>8</b> Year of substantial completion . . . . .										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b> Were the bonds issued as part of a current refunding issue?	X			X	X		X			
<b>10</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X		
<b>11</b> Has the final allocation of proceeds been made? . . . . .	X			X	X		X			
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X			

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X		
<b>2</b> Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X		X			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009

JSA

9E1295 2.000

92321C 646A

V 09-8.1

PAGE 158

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .	X		X		X		X		X	
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .	X		X		X		X		X	
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .		X		X		X		X		X
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000%		0.0000%		0.0000%		0.0000%		0.0000%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X			X	X		X	
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .		X		X		X		X		X
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X		X
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X	X			X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X		X	X		X			X

Schedule K (Form 990) 2009

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .	X		X		X		X			
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .	X		X		X		X			
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .		X		X		X		X		
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.0000%		0.0000%		0.0000%		0.0000%			
<b>6</b> Total of lines 4 and 5 . . . . .	0.0000%		0.0000%		0.0000%		0.0000%			
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X			

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X		
<b>2</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X			
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .		X		X		X		X		
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X		
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X		
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .		X	X			X		X		

Schedule K (Form 990) 2009

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Excess Benefit Transactions**(section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK MALCOLM	KFHP INC EMPLOYEE	97,027.	COMPENSATION		X
PHIL FASANO JR.	KFHP INC EMPLOYEE	18,512.	COMPENSATION		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

ATTACHMENT 1

COMPLIANCE ENFORCEMENT

PART VI, LINE 12C

REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF  
INTEREST POLICY

KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF  
INTEREST POLICY IN 3 KEY WAYS:

1.THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES  
AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL  
CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S  
NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES  
CAN REPORT ANONYMOUSLY AND WITHOUT FEAR OF RETALIATION. REPORTS OF ACTUAL  
OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE  
CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE  
IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID CONFLICTS OF INTEREST.  
COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE  
KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS ANNUALLY.

2.THE CHIEF COMPLIANCE OFFICER AND THE VP OF INTERNAL AUDIT SERVICES  
ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND  
EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND  
PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED. INVESTIGATIONS ARE  
DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

EDUCATION IS REQUIRED; IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE

REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION

HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS ANNUALLY; AND

3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, KPMG REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS AUDIT AND COMPLIANCE COMMITTEE.

REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY

TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE:

A. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES.

B. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING.



Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

C. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO:

- ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM
- WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING
- PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING
- TERMINATION OF EMPLOYMENT

#### COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL. SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION. THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED. THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHICH EVALUATES AND APPROVES PRIOR TO PAYMENT ALL PROGRAMS AND PAYMENTS TO CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS (EXECUTIVES).

BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET. IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628

ATTACHMENT 1 (CONT'D)

IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS. THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED AT THE MEDIAN OF THE COMPARABLE EXTERNAL MARKET IN WHICH THE ORGANIZATION COMPETES FOR EXECUTIVE LEADERSHIP. EVALUATION OF COMPARABLE PAY DATA IS PERFORMED BY AN INDEPENDENT COMPENSATION, BENEFIT & HUMAN RESOURCE CONSULTING FIRM. THE COMPENSATION PROGRAM FOCUSES ON OBJECTIVES IN THE AREAS OF QUALITY OF MEMBER CARE AND SERVICE, FINANCIAL SOUNDNESS, AND THE COMMUNITY AND SOCIAL MISSION OF THE ORGANIZATION.

## FAMILY AFFILIATIONS

PART VI, SECTION A, LINE 2

NAME: STEVEN R ZATKIN

FAMILY MEMBER AFFILIATION:

SPOUSE: OFFICER OF KFHP INC., KFH AND SUBSIDIARIES

NAME: VICTORIA ZATKIN

FAMILY MEMBER AFFILIATION:

SPOUSE: SENIOR VP, GENERAL COUNSEL AND OFFICER OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS

## PUBLIC INSPECTIONS

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS - ARE AVAILABLE AS PROVIDED TO THE CALIFORNIA SECRETARY OF STATE ON STATE AGENCY WEBSITE OR UPON REQUEST.

CONFLICT OF INTEREST IS AVAILABLE ON KP WEBSITE UNDER VENDOR PRINCIPLES OF RESPONSIBILITY OR UPON REQUEST.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

FINANCIAL STATEMENTS ARE ON FILE WITH THE STATE REGULATORY AGENCY.

COMBINED DATA IS PUBLISHED FOR KAISER FOUNDATION HEALTH PLAN INC. AND  
SUBSIDIARIES AND KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES WITH AUDIT  
OPINION BY KPMG.

TO REQUEST COPIES CONTACT:

TAX DIRECTOR KAISER FOUNDATION HEALTH PLAN AND HOSPITALS

ONE KAISER PLAZA, 15L

OAKLAND, CA 94612

FORM 990 REVIEW PROCESS

PART VI, SECTION A, LINE 11A

1. KEY INFORMATION NECESSARY FOR THE PREPARATION OF THE TAX RETURN IS  
OBTAINED AND/OR CONFIRMED WITH INTERNAL SOURCES INCLUDING REGIONAL  
FINANCE, EXECUTIVE COMPENSATION, COMMUNITY BENEFITS, TREASURY, GOVERNMENT  
RELATIONS, AND LEGAL.
2. COMMUNITY BENEFITS DETAILS ARE PRESENTED TO THE COMMUNITY BENEFIT  
COMMITTEE OF THE BOARD FOR REVIEW.
3. EXECUTIVE COMPENSATION DETAILS ARE PRESENTED TO THE COMPENSATION  
COMMITTEE OF THE BOARD FOR REVIEW.
4. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY A KPMG TAX  
ADVISOR.
5. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY THE SENIOR VICE  
PRESIDENT, CORPORATE CONTROLLER, AND CHIEF ACCOUNTING OFFICER.
6. THE TAX RETURN IS DISCUSSED WITH THE FULL BOARD OF DIRECTORS. A COPY  
OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER IN ELECTRONIC FORMAT PRIOR

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

TO FILING.

EXEMPT PURPOSE ACHIEVEMENTS (PART 1)

PART III, LINE 4A-D

KAISER FOUNDATION HOSPITALS (KFH) AND KAISER FOUNDATION HEALTH PLAN, INC. (KFHP), WITH ITS FIVE PRINCIPAL OPERATING TAX-EXEMPT SUBSIDIARY HEALTH PLANS-KAISER FOUNDATION HEALTH PLAN OF COLORADO; KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.; KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.; KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST; AND KAISER FOUNDATION HEALTH PLAN OF OHIO, ARE NONPROFIT CORPORATIONS THAT ARE PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM KNOWN AS THE KAISER PERMANENTE MEDICAL CARE PROGRAM OR "KAISER PERMANENTE."

IN THE HOSPITAL-BASED REGIONS-CALIFORNIA, HAWAII, OREGON AND WASHINGTON, KAISER PERMANENTE COMPRISES SEVERAL SEPARATE LEGAL ORGANIZATIONS: KFH - A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE 501(C)(3); KFHP - A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE 501(C)(3); NORTHWEST HEALTH PLAN - AN OREGON NONPROFIT CORPORATION; AND THE PERMANENTE MEDICAL GROUP, INC., SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP, HAWAII PERMANENTE MEDICAL GROUP, INC., AND NORTHWEST PERMANENTE PHYSICIANS, PC (COLLECTIVELY, "PERMANENTE MEDICAL GROUPS"), EACH OF WHICH IS A SEPARATE, INDEPENDENT, MULTI-SPECIALTY GROUP OF PHYSICIANS AND THE PERMANENTE DENTAL ASSOCIATES, PC, AN INDEPENDENT MULTI-SPECIALTY GROUP OF DENTISTS ORGANIZED AS A PROFESSIONAL ORGANIZATION.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

PERSONS ENROLL IN KAISER PERMANENTE THROUGH KFHP OR ONE OF THE HEALTH PLAN SUBSIDIARIES ("HEALTH PLAN"). HEALTH PLAN PROVIDES AND ARRANGES COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY PREPAID BASIS AND FULFILLS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND INDIVIDUAL MEMBERS BY CONTRACTING WITH KFH AND A PERMANENTE MEDICAL GROUP TO PROVIDE THE REQUIRED HEALTH CARE SERVICES.

MEMBERS RECEIVE SERVICES FROM VARIOUS PERMANENTE MEDICAL GROUPS IN THE RESPECTIVE KAISER PERMANENTE REGIONS. THE PERMANENTE MEDICAL GROUPS ACCEPT RESPONSIBILITY FOR PROFESSIONAL CARE OF HEALTH PLAN MEMBERS, AND ARE RESPONSIBLE FOR THEIR OWN PHYSICIAN RECRUITMENT, SELECTION AND STAFFING; THEY ARE LEGALLY SEPARATE ENTITIES INDEPENDENT FROM HEALTH PLAN, KFH AND EACH OTHER. THE PERMANENTE MEDICAL GROUPS GENERALLY TREAT MEMBERS IN FACILITIES OWNED, LEASED OR CONTRACTED BY KFHP OR KFH.

KFHP AND KFH ARE SEPARATE CORPORATIONS GOVERNED BY IDENTICAL BOARDS OF DIRECTORS. KFH ACCEPTS RESPONSIBILITY TO PROVIDE OR ARRANGE NECESSARY HOSPITAL SERVICES AND FACILITIES FOR HEALTH PLAN MEMBERS.

KFH OWNS AND OPERATES 30 LICENSED HOSPITALS, INCLUDING FIVE LICENSED HOSPITALS WITH MULTIPLE CAMPUSES IN CALIFORNIA, HAWAII AND OREGON, WHICH PROVIDE EMERGENCY AND IN-PATIENT SERVICES TO ALL PERSONS IN THE COMMUNITY REGARDLESS OF MEMBERSHIP OR ABILITY TO PAY. STAFF PRIVILEGES ARE AVAILABLE ON A NONDISCRIMINATORY BASIS TO PHYSICIANS IN THE COMMUNITIES SERVED. KFH ALSO CONTRACTS WITH OTHER COMMUNITY HOSPITALS TO PROVIDE HOSPITAL SERVICES TO MEMBERS FOR SPECIALIZED CARE AND OTHER SERVICES.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

IN CALIFORNIA, KFH MEDICAL CENTERS ARE LOCATED IN THE CITIES OF ANAHEIM, ANTIOCH, BALDWIN PARK, BELLFLOWER, FONTANA, FREMONT, FRESNO, HARBOR CITY, HAYWARD, IRVINE, LOS ANGELES, MANTECA, MODESTO, MORENO VALLEY, OAKLAND, PANORAMA CITY, REDWOOD CITY, RICHMOND, RIVERSIDE, ROSEVILLE, SACRAMENTO, SAN DIEGO, SAN FRANCISCO, SAN RAFAEL, SANTA CLARA, SANTA ROSA, SANTA TERESA, SOUTH SACRAMENTO, SOUTH SAN FRANCISCO, VALLEJO, WALNUT CREEK, WEST LOS ANGELES, AND WOODLAND HILLS. IN HAWAII, THE MOANALUA MEDICAL CENTER IS LOCATED IN THE CITY OF HONOLULU ON THE ISLAND OF OAHU. IN OREGON, THE SUNNYSIDE MEDICAL CENTER IS LOCATED IN THE CITY OF CLACKAMAS.

SERVICES PROVIDED BY KFH AND MEMBERSHIP IN HEALTH PLAN ARE AVAILABLE WITHOUT REGARD TO SEX, RACE, RELIGION, ETHNIC BACKGROUND, SEXUAL ORIENTATION, OCCUPATIONAL STATUS OR INCOME LEVEL. HEALTH PLAN MEMBERS ARE BROADLY REPRESENTATIVE OF THE VARIOUS AGES, SOCIAL, AND INCOME GROUPS WITHIN THE AREAS SERVED. ONCE ENROLLED, A MEMBER IS FREE TO MAINTAIN MEMBERSHIP REGARDLESS OF AGE, HEALTH STATUS, OR EMPLOYMENT.

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY THROUGH THE KAISER PERMANENTE MISSION, THE ORGANIZATION CONTRIBUTES TO THE HEALTH OF COMMUNITIES IN TWO RELATED WAYS. FIRST, KAISER PERMANENTE STRIVES FOR EXCELLENCE IN SERVING ITS 8.6 MILLION MEMBERS THROUGH MARKET-LEADING PERFORMANCE IN QUALITY, SERVICE AND AFFORDABILITY. BY DOING SO, KAISER PERMANENTE PROVIDES A DISCIPLINE IN THE MARKETPLACE BY

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 1 (CONT'D)	

DEMONSTRATING MEANINGFUL VALUE AND AFFORDABILITY, AND GENERATING  
RESOURCES TO REINVEST IN THE COMMUNITY'S HEALTH.

SECOND, KAISER PERMANENTE DIRECTLY INVESTS IN IMPROVEMENTS TO COMMUNITY  
HEALTH BY WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING  
CARE IMPROVEMENTS, ALTERING THE SOCIAL DETERMINANTS OF HEALTH, EDUCATING  
HEALTHCARE WORKERS AND CONSUMERS, AND INFORMING PUBLIC POLICY.

THIS LATTER, WHICH KAISER PERMANENTE CALLS DIRECT COMMUNITY BENEFIT  
INVESTMENT (DCBI), IS FUNDAMENTAL TO BEING A NONPROFIT ORGANIZATION. IT  
EMBODIES THE ORGANIZATION'S COMMITMENT TO IMPROVE THE HEALTH OF  
COMMUNITIES BEYOND SERVICES TO HEALTH PLAN MEMBERS. IT IS MORE THAN  
TRADITIONAL CORPORATE CITIZENSHIP OR CORPORATE PHILANTHROPY. IT IS AN  
INTENTIONAL, PLANNED, BUDGETED, MEASURABLE, ACCOUNTABLE CREATION FOR  
BETTER HEALTH IN OUR COMMUNITIES. IT IS DONE IN COLLABORATION WITH, NOT  
IN ISOLATION FROM, THE COMMUNITY. DCBI SERVES TO FULFILL KAISER  
PERMANENTE'S SOCIAL PURPOSE, JUSTIFY ITS TAX-EXEMPT STATUS, AND  
DIFFERENTIATE IT FROM OTHER HEALTH CARE ORGANIZATIONS.

THIS TRADITION OF COMMUNITY BENEFIT DATES FROM THE EARLIEST DAYS OF THE  
PROGRAM, WHEN CHARITABLE CARE TO NON-EMPLOYEES, AND LATER, NONMEMBERS,  
WAS INITIATED. THAT HERITAGE HAS CONTINUED THROUGH THE YEARS IN KAISER  
PERMANENTE'S EARLY PARTICIPATION IN PUBLICLY FINANCED PROGRAMS SUCH AS  
MEDICAID AND MEDICARE, ESTABLISHMENT OF RESIDENCY TRAINING AND MEDICAL  
RESEARCH PROGRAMS, AND LATER, IN THE DEVELOPMENT OF THE EDUCATIONAL

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

THEATRE PROGRAMS, SAFETY NET PARTNERSHIPS, COMMUNITY HEALTH INITIATIVES  
AND CHARITABLE HEALTH COVERAGE PROGRAMS.

IN 2001, THE BOARD REAFFIRMED DCBI AS A NATIONAL PROGRAM AND SET THE  
FOLLOWING FOUR GOALS:

- ADDRESS CRITICAL QUESTIONS IN AMERICAN HEALTH CARE THAT THE PROGRAM'S HISTORY, CULTURE, AND COMPETENCIES POSITION IT UNIQUELY TO EXAMINE.
- BUILD THE REPUTATION OF KAISER PERMANENTE FOR ITS LEADERSHIP IN HELPING TO SOLVE MAJOR HEALTH CHALLENGES.
- CREATE A PROGRAM THAT ENGAGES THE CREATIVITY AND SPIRIT OF THE PEOPLE OF KAISER PERMANENTE AT ALL LEVELS.
- MEET THE REQUIREMENTS PLACED ON KFH, KFHP, AND ITS SUBSIDIARY HEALTH PLANS AS TAX-EXEMPT ORGANIZATIONS THAT RETURN VALUE TO THE COMMUNITIES SERVED BEYOND THE PROVISION OF HEALTH CARE TO MEMBERS.

THE BOARD DIRECTED THAT THIS NEW DCBI PROGRAM BE GUIDED BY A NATIONAL STRATEGY, WITH CONTINUED LOCAL FLEXIBILITY AND IMPLEMENTATION. THE PROGRAM IS SUPPORTED BY NATIONAL AND REGIONAL FUNDING POOLS, AND BUILT ON THE ORGANIZATION'S INTEGRATED HEALTH CARE SYSTEM. IN 2007, THE KFHP/H BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAM AND ESTABLISHED THE FOLLOWING FOUR PRIORITY AREAS WHICH HAVE COME TO BE KNOWN AS "STREAMS OF WORK":

- CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS



Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER- AND UNINSURED.

- COMMUNITY HEALTH INITIATIVES - DESIGNS, DELIVERS, AND SUSTAINS  
LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS  
IN THEIR NEIGHBORHOODS.

- SAFETY NET PARTNERSHIPS - BUILDS PARTNERSHIPS WITH COMMUNITY CLINICS,  
LOCAL HEALTH DEPARTMENTS, AND PUBLIC HOSPITALS. PROVIDES FUNDING,  
TECHNICAL ASSISTANCE, DISSEMINATION OF CARE MANAGEMENT AND QUALITY  
IMPROVEMENTS TECHNOLOGY TO HELP IMPROVE CARE AND EXPAND TREATMENT  
CAPACITY FOR VULNERABLE POPULATIONS.

- DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVES HEALTH CARE BY  
SHARING OUR KNOWLEDGE- EDUCATING PRACTITIONERS, ADVANCING RESEARCH,  
EMPOWERING CONSUMERS AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE  
FOR CARE AND HEALTH.

THE BOARD ELABORATED THAT AT LEAST 75% OF TOTAL COMMUNITY BENEFIT FUNDING  
WILL BE DIRECTED TO PROGRAM PRIORITIES WITHIN THE FOUR STREAMS OF WORK  
AND THE REMAINING 25% OF FUNDING WILL BE DIRECTED BY LOCAL REGIONS TO  
RESPOND TO LOCAL COMMUNITY BENEFIT NEEDS AND OPPORTUNITIES THAT MAY OR  
MAY NOT BE WITHIN THE FOUR PRIORITY AREAS.

THE KFHP/H BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE OF THE BOARD  
OF DIRECTORS TO OVERSEE THE PROGRAM-WIDE COMMUNITY BENEFIT PROGRAM.  
KAISER PERMANENTE ALSO HAS A NATIONAL EXECUTIVE OF KFHP AND KFH TO LEAD  
KAISER PERMANENTE'S COMMUNITY BENEFIT PROGRAM AS A FULL-TIME ASSIGNMENT.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

RAYMOND J. BAXTER, PHD IS THE SENIOR VICE PRESIDENT FOR COMMUNITY  
BENEFIT, RESEARCH AND HEALTH CARE POLICY REPORTING TO THE CEO AND  
CHAIRMAN OF THE BOARD.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HOSPITALS

KFH'S PRINCIPAL PURPOSE IS TO PROVIDE HOSPITAL, MEDICAL, AND SURGICAL  
CARE, INCLUDING EMERGENCY SERVICES, EXTENDED CARE, AND HOME HEALTH CARE  
TO MEMBERS OF THE PUBLIC WITHOUT REGARD TO AGE, SEX, RACE, RELIGION, OR  
NATIONAL ORIGIN, OR TO THE INDIVIDUAL'S ABILITY TO PAY. KFH'S GENERAL  
COMMUNITY BENEFITS ARE:

EMERGENCY DEPARTMENTS KFH OPERATES FULL-TIME EMERGENCY DEPARTMENTS IN  
EACH OF ITS 30 LICENSED HOSPITALS, INCLUDING FIVE LICENSED HOSPITALS WITH  
MULTIPLE CAMPUSES IN CALIFORNIA, HAWAII AND OREGON. EMERGENCY MEDICAL  
SERVICES ARE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO  
PAY.

CARE PROVIDED TO ALL PATIENTS HOSPITAL CARE IS PROVIDED TO INDIVIDUALS  
WITH HEALTH CARE COVERAGE FROM ANY PRIVATE OR GOVERNMENT-SPONSORED HEALTH  
PLAN, INSURED AND UNINSURED REFERRALS FROM SAFETY NET AND OTHER PUBLIC  
HEALTH PARTNERSHIPS, AND UNINSURED PATIENTS ADMITTED THROUGH THE  
EMERGENCY DEPARTMENT.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

OPEN MEDICAL STAFF PRIVILEGES STAFF PRIVILEGES IN THE HOSPITALS ARE  
AVAILABLE TO COMMUNITY PRACTITIONERS WHO ARE NOT AFFILIATED WITH A  
PERMANENTE MEDICAL GROUP.

BOARD OF DIRECTORS KFH AND KFHP HAVE IDENTICAL 14-MEMBER BOARDS OF  
DIRECTORS. THE BOARD IS COMPRISES INDIVIDUALS FROM THE ACADEMIC WORLD  
AND PRIVATE INDUSTRY WHO ARE REPRESENTATIVE OF THE COMMUNITY. GEORGE C.  
HALVORSON SERVES AS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER FOR THE KFHP  
AND KFH BOARDS OF DIRECTORS.

REINVESTMENT OF SURPLUS REVENUES KFHP PAYS KFH FOR HOSPITAL SERVICES  
AND ALL SURPLUS REVENUES ARE REINVESTED FOR CAPITAL REPLACEMENT OR  
EXPANSION OF FACILITIES AND EQUIPMENT, DEBT AMORTIZATION, IMPROVEMENT IN  
PATIENT CARE AND SERVICES, AND OTHER COMMUNITY BENEFIT SERVICES INCLUDING  
CHARITY CARE, MEDICAL EDUCATION, AND RESEARCH.

THE COMMUNITY BENEFIT PROGRAMS IN CALIFORNIA, HAWAII, OREGON AND  
WASHINGTON

IN 2009, KAISER PERMANENTE SPENT APPROXIMATELY \$1.7 BILLION OR  
APPROXIMATELY 4% OF REVENUE TO SUPPORT THE COMMUNITY BENEFIT PROGRAM. IN  
THE HOSPITAL-BASED REGIONS, CALIFORNIA, HAWAII, OREGON, AND WASHINGTON,  
KFHP AND KFH SPENT \$1.5 BILLION, OF WHICH \$863 MILLION IS ALLOCABLE TO  
KFH.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 1 (CONT'D)	

THE FOLLOWING IDENTIFIES MANY OF THE SIGNATURE COMMUNITY BENEFIT PROGRAMS AND SERVICES, GROUPED ACCORDING TO THE NATIONAL STREAMS OF WORK, FUNDED BY KFH.

CARE AND COVERAGE FOR LOW-INCOME PEOPLE

THERE ARE ROUGHLY 46 MILLION AMERICANS WITHOUT ACCESS TO HEALTH CARE OR COVERAGE. UNINSURED, LOW-INCOME INDIVIDUALS AND FAMILIES WHO ARE NOT ELIGIBLE FOR PUBLIC PROGRAMS OFTEN HAVE TO RELY ON TRADITIONAL CHARITY CARE. FREQUENTLY, INDIVIDUALS IN THIS SITUATION MAY WAIT TO SEEK MEDICAL CARE UNTIL THEIR CONDITIONS BECOME CRITICAL, AND END UP IN HOSPITAL EMERGENCY ROOMS FOR TREATMENT OF CONDITIONS THAT ARE PREVENTABLE OR EASILY TREATED IN EARLIER STAGES. IN 2009, KFH INVESTED APPROXIMATELY \$557 MILLION TO ADDRESS THE FINANCING AND DELIVERY OF HEALTH CARE FOR POPULATIONS VULNERABLE DUE TO SOCIO-ECONOMIC STATUS, ILLNESS, ETHNICITY, AGE, OR OTHER FACTORS. PROGRAM BENEFICIARIES (UNDER- AND UNINSURED) RECEIVED FREE OR DISCOUNTED CARE IN A KAISER PERMANENTE FACILITY OR BY A PERMANENTE PROVIDER.

FOLLOWING ARE HIGHLIGHTS OF THE PROGRAMS AND SERVICES PROVIDED TO VULNERABLE POPULATIONS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON:

CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE)

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

KFH AND KFHP PROVIDE CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS. IN 2009, KFH AND KFHP CARED FOR MORE THAN 78,000 CHARITY CARE APPLICANTS AND 102,000 CHARITABLE COVERAGE MEMBERS. KFH CONTRIBUTED \$186 MILLION AND KFHP CONTRIBUTED \$176 MILLION TO HELP THESE PATIENTS PAY FOR CARE PROVIDED IN KAISER PERMANENTE FACILITIES IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON.

- MEDICAL FINANCIAL ASSISTANCE (MFA)

KFH CONTRIBUTED APPROXIMATELY \$121 MILLION TO ASSIST PATIENTS WITH LIMITED OR NO RESOURCES TO PAY FOR CARE PROVIDED IN KAISER PERMANENTE FACILITIES. EACH HOSPITAL-BASED REGION OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL CARE ON AN IMMEDIATE AND NONRECURRING BASIS. KAISER PERMANENTE EXPANDED ITS CHARITY CARE PROGRAM TO INCLUDE DISCOUNTED CHARGES FOR UNINSURED PATIENTS BELOW 400% OF THE FEDERAL POVERTY GUIDELINES AND ALIGNED CONTRACTED COLLECTION AGENCY PRACTICES WITH KAISER PERMANENTE SOCIAL VALUES. THE AMOUNT REPORTED UNDER THIS CATEGORY IS ONLY PART OF THE FUNDS SPENT BY KFH AND KFHP FOR THE POOR AND UNINSURED. THE ORGANIZATION'S COMMITMENT TO CHARITABLE CARE IS ALSO REFLECTED IN A VARIETY OF OTHER PROGRAMS AND INITIATIVES SUCH AS THE CHARITABLE HEALTH COVERAGE PROGRAM AND GRANTS AND DONATIONS TO COMMUNITY CLINICS AND OTHER SAFETY NET PROVIDERS.

THE MFA PROGRAMS IN CALIFORNIA AND HAWAII STRIVE TO ASSIST FAMILIES AND

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL CARE ON AN IMMEDIATE AND NONRECURRING BASIS. THE PROGRAM IS DESIGNED TO ASSIST AS MANY PATIENTS AS REASONABLY POSSIBLE AND IS GENERALLY AVAILABLE TO PEOPLE IN GREATEST FINANCIAL NEED, INCLUDING THOSE EXPERIENCING UNUSUAL OR UNFORTUNATE CIRCUMSTANCES. THE MFA PROGRAM'S ELIGIBILITY CRITERIA ALLOWS MOST PATIENTS BELOW 350% OF THE FEDERAL POVERTY GUIDELINES (FPG) TO RECEIVE FULL WRITE OFF, THAT UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MFA BUT MAKE LESS THE 400% FPG WILL RECEIVE UP TO A 70% DISCOUNT ON CHARGES AND THAT ANY PATIENT EXPERIENCING FINANCIAL HARDSHIP DUE TO UNREASONABLE MEDICAL EXPENSES RELATIVE TO THEIR INCOME MAY QUALIFY FOR THE PROGRAM UNDER "SPECIAL CIRCUMSTANCES". IN 2009, THE PROGRAMS PROVIDED 66,000 MFA AWARDS, WHICH INCLUDED APPROXIMATELY 337,000 PRESCRIPTIONS.

IN OREGON AND WASHINGTON, THE MFA PROGRAM SUPPORTS PATIENTS WITH LIMITED RESOURCES BY FORGIVING FULL OR PARTIAL EXPENSES FOR MEDICAL AND /OR DENTAL EXPENSES IF THEY MEET THE QUALIFYING GUIDELINES. IN 2009, THE PROGRAM PROVIDED MORE THAN 12,000 MFA AWARDS, WHICH INCLUDED APPROXIMATELY 188,000 PRESCRIPTIONS.

- CHARITABLE HEALTH COVERAGE PROGRAM

CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PEOPLE IN THE COMMUNITY. PARTICIPANTS RECEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF OUR SERVICES AND PROVIDERS-A MUCH BETTER ALTERNATIVE TO A BRIEF AND

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

COSTLY EMERGENCY ROOM VISITS OR HOSPITALIZATION. THIS ALLOWS US TO INVEST  
IN THE LONGER TERM HEALTH OF PATIENTS AND THE COMMUNITY.

SINCE THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE  
LIVES OF LOW-INCOME PEOPLE WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR  
PRIVATELY SPONSORED COVERAGE. IN 2009, APPROXIMATELY 102,250 LOW-INCOME  
ADULTS AND CHILDREN WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY  
SPONSORED COVERAGE RECEIVED HEALTH CARE COVERAGE THROUGH ONE OF KAISER  
PERMANENTE'S CHARITABLE HEALTH COVERAGE PROGRAMS IN CALIFORNIA, HAWAII,  
OREGON AND WASHINGTON. KFH CONTRIBUTED \$65 MILLION TO PROVIDE SUBSIDIZED  
CARE FOR THESE UNDERSERVED POPULATIONS IN 2009.

THE STEPS PLAN AND KAISER PERMANENTE CHILD HEALTH PLAN ARE THE SPECIFIC  
PRODUCTS THAT FORM THE CHARITABLE HEALTH COVERAGE PROGRAMS IN  
CALIFORNIA.

KAISER PERMANENTE STEPS PLAN - THE STEPS PLAN PROVIDED 26,792 INDIVIDUALS  
THE OPPORTUNITY TO CONTINUE THEIR HEALTH CARE COVERAGE AT REDUCED COST  
WHEN EXPERIENCING FINANCIAL DIFFICULTY DUE TO JOB LOSS, INVOLUNTARY  
REDUCTION IN WORK HOURS, LEGAL SEPARATION, DIVORCE OR DEATH OF A SPOUSE.  
TYPICALLY, PARTICIPANTS ARE NOT ELIGIBLE FOR ANY PUBLIC OR PRIVATE GROUP  
HEALTH INSURANCE PLAN, AND HAVE FAMILY INCOME BETWEEN 100% AND 300% OF  
THE FEDERAL POVERTY GUIDELINES. THE PLAN IS AVAILABLE TO PARENTS OF  
CHILDREN ENROLLED IN AIM, HEALTHY FAMILIES OR KAISER PERMANENTE CHILD  
HEALTH PLAN AS WELL AS TO INDIVIDUALS PARTICIPATING IN VOCATIONAL

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

TRAINING PROGRAMS OFFERED THROUGH GOVERNMENT, PRIVATE INDUSTRY COUNCILS AND SOCIAL AGENCIES. THE STEPS PLAN PREMIUM IS SUBSIDIZED AT FOUR LEVELS OR STEPS: 20%, 40%, 60%, AND 80%. PARTICIPANTS ARE PLACED IN AN INITIAL PREMIUM STEP BASED ON THEIR CURRENT FAMILY INCOME. THEY REMAIN AT THE INITIAL STEP FOR ONE YEAR AND ARE THEN MOVED TO THE NEXT HIGHER STEP.

KAISER PERMANENTE CHILD HEALTH PLAN (KPCHP) - THE CHILD HEALTH PLAN PROVIDES MEDICAL AND DENTAL COVERAGE TO ELIGIBLE CHILDREN (BIRTH THROUGH 18) IN FAMILIES WITH INCOME UP TO 300% OF THE FEDERAL POVERTY GUIDELINES WHO DO NOT HAVE ACCESS TO EMPLOYER-SUBSIDIZED COVERAGE AND DO NOT QUALIFY FOR PUBLIC PROGRAMS BECAUSE OF FAMILY INCOME OR IMMIGRATION STATUS. CHILD HEALTH PLAN PROVIDES COMPREHENSIVE BENEFITS INCLUDING PREVENTIVE CARE, INPATIENT AND OUTPATIENT SERVICES, PRESCRIPTION DRUGS, AND VISION AND DENTAL CARE. PREMIUMS ARE \$8 OR \$15 PER CHILD PER MONTH, DEPENDING ON FAMILY INCOME, FOR A MAXIMUM OF THREE CHILDREN (ADDITIONAL CHILDREN ARE COVERED FREE OF CHARGE). IN 2009, APPROXIMATELY 86,392 CHILDREN RECEIVED CARE AND COVERAGE THROUGH THIS PROGRAM.

THE KFH IN THE NORTHWEST COMMITTED \$3.8 MILLION TO PROVIDE SUBSIDIZED COVERAGE TO 11,057 LOW-INCOME ADULTS AND CHILDREN WHO ARE NOT ELIGIBLE FOR STANDARD MEDICAID OR PRIVATELY FUNDED COVERAGE. THE CHARITABLE HEALTH COVERAGE PROGRAM CONSISTS OF TRANSITIONS, CHILD HEALTH PROGRAM, AND WASHINGTON BASIC HEALTH.

- TRANSITIONS - THIS PROGRAM IS A FULLY SUBSIDIZED HEALTH INSURANCE



Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

PROGRAM FOR ELIGIBLE LOW-INCOME FAMILIES. EIGHT COLLEGE CAMPUSES CURRENTLY PARTICIPATE WITHIN THE PORTLAND METROPOLITAN AREA. STUDENTS MUST BE ENROLLED IN A PARTICIPATING SCHOOL, MEET THE FINANCIAL CRITERION, AND CAN NOT BE ENROLLED IN ANOTHER PRIVATE OR PUBIC HEALTH CARE PLAN. GRADUATES ARE ELIGIBLE FOR AN ADDITIONAL SIX MONTHS COVERAGE OR UNTIL THE EMPLOYER-PAID COVERAGE IS ACTIVATED.

- CHILD HEALTH PROGRAM - NORTHWEST HEALTH PLAN OFFERS FULL SUBSIDY HEALTH INSURANCE FOR ELIGIBLE LOW-INCOME STUDENTS. CURRENTLY, 180 SCHOOLS WITHIN THE MULTNOMAH EDUCATION SERVICE DISTRICT, SALEM-KEIZER SCHOOL DISTRICT, AND HILLSBORO SCHOOL DISTRICT PARTICIPATE IN THIS PROGRAM. STUDENTS MUST BE ENROLLED IN A PARTICIPATING SCHOOL, MEET THE FINANCIAL CRITERION, AND CAN NOT BE ENROLLED IN ANOTHER PRIVATE OR PUBIC HEALTH CARE PLAN. THE PARTICIPATING SCHOOL DISTRICTS ACT AS THE ADMINISTRATOR FOR THE PROGRAM AND ARE RESPONSIBLE FOR OUTREACH, AND ENROLLMENT.

- WASHINGTON BASIC HEALTH PLAN - THIS PROGRAM OFFERS QUALITY, LOW-COST HEALTH COVERAGE TO ELIGIBLE PEOPLE WHO LIVE IN WASHINGTON STATE AND IS MANAGED BY WASHINGTON STATE HEALTH CARE AUTHORITY (HCA). THE NORTHWEST HEALTH PLAN PROVIDES SERVICE TO ELIGIBLE PARTICIPANTS WHO RESIDE IN CLARK OR COWLITZ COUNTIES.

PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS  
KFH AND KFHP HAVE A LONG HISTORY OF PARTICIPATING IN PUBLICLY FINANCED HEALTH PROGRAMS. IN 2009, \$762 MILLION WAS EXPENDED (IN EXCESS OF

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

REIMBURSEMENT) AND 188,555 PEOPLE WERE SERVED IN GOVERNMENT- SPONSORED PROGRAMS FOR LOW-INCOME PEOPLE IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON. APPROXIMATELY \$311 MILLION IS ATTRIBUTABLE TO SERVICES PROVIDED BY KFH.

HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS IN CALIFORNIA SUPPORTED BY KFH INCLUDE:

- MEDI-CAL - KFHP ENROLLED, AND KFH PROVIDED ACCESS TO INPATIENT CARE FOR 157,495 MEDI-CAL (MEDICAID) MANAGED CARE MEMBERS IN CALIFORNIA. KFHP SUBCONTRACTS WITH LOCAL INITIATIVES IN ALAMEDA, CONTRA COSTA, LOS ANGELES, RIVERSIDE, SAN BERNARDINO, SAN FRANCISCO, AND SANTA CLARA COUNTIES, WITH COUNTY-ORGANIZED HEALTH SYSTEMS IN NAPA, AND SOLANO, AND ORANGE COUNTIES. KFHP ALSO CONTRACTS DIRECTLY WITH THE STATE OF CALIFORNIA THROUGH THEIR GEOGRAPHIC MANAGED CARE PLAN FOR SACRAMENTO AND SAN DIEGO COUNTIES, AND THROUGH THE PREPAID HEALTH PLAN FOR MARIN AND SONOMA COUNTIES.
- MEDI-CAL FEE-FOR-SERVICE - KFH IN CALIFORNIA PROVIDED SUBSIDIZED CARE TO 69,691 MEDI-CAL FEE-FOR-SERVICE PATIENTS. OF THIS AMOUNT, APPROXIMATELY \$165 MILLION IS ATTRIBUTED TO SERVICES PROVIDED BY KFH.
- HEALTHY FAMILIES - KFHP ENROLLED, AND KFH PROVIDED ACCESS TO INPATIENT CARE FOR 157,267 CALIFORNIA CHILDREN IN THIS FEDERAL- AND STATE-FUNDED INSURANCE PROGRAM THAT PROVIDES LOW- AND MODERATE-INCOME FAMILIES WITH

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

HEALTH INSURANCE FOR THEIR CHILDREN UNDER 19 YEARS OF AGE. THE PROGRAM PROVIDES COMPREHENSIVE HEALTH BENEFITS, INCLUDING DENTAL AND VISION CARE. TO QUALIFY, FAMILIES MUST HAVE A TOTAL INCOME BETWEEN 100% AND 250% OF THE FEDERAL POVERTY GUIDELINES AND THE CHILDREN MUST BE INELIGIBLE FOR MEDI-CAL COVERAGE.

HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS IN HAWAII SUPPORTED BY KFHP INCLUDE:

- QUEST & MEDICAID FEE-FOR-SERVICE - QUEST IS A MEDICAID MANAGED CARE PROGRAM RUN BY THE HAWAII'S DEPARTMENT OF HUMAN SERVICES. KFHP AND KFHP PARTICIPATE IN THE QUEST PROGRAMS ON THE ISLANDS OF OAHU AND MAUI. KFHP PROVIDED ACCESS TO CARE FOR 20,444 INDIVIDUALS ENROLLED IN QUEST AND EXPENDED APPROXIMATELY \$5.6 MILLION ON SUBSIDIZED MEDICAL CARE SERVICES. THE HAWAII REGION ALSO CONTRIBUTED AN ADDITIONAL \$4.4 MILLION ON SUBSIDIZED CARE FOR 1,697 MEDICAID FEE-FOR-SERVICE PATIENTS.

- SCHIP - THIS GOVERNMENT PROGRAM PROVIDES CHILDREN WITH FAMILY INCOMES UP TO TWICE THE FEDERAL POVERTY GUIDELINES FOR HAWAII, HEALTH CARE COVERAGE UNDER TITLE XXI OF THE SOCIAL SECURITY ACT. SCHIP IS ONE OF SEVERAL AID CATEGORIES UNDER THE QUEST PROGRAM. MORE THAN 3,579 CHILDREN ENROLLED IN THIS PROGRAM WERE CARED FOR BY KFHP AND KFHP IN HAWAII.

HIGHLIGHTS OF THE GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS IN OREGON AND WASHINGTON SUPPORTED BY KFHP INCLUDE:

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

- WASHINGTON BASIC HEALTH PLUS (BH-PLUS) - THIS IS WASHINGTON'S MEDICAID PROGRAM FOR CHILDREN UNDER AGE 19 WHO LIVE IN HOUSEHOLDS THAT MEET THE ELIGIBILITY GUIDELINES FOR MEDICAID. THE MATERNITY BENEFITS PROGRAM IS A MEDICAID PROGRAM FOR PREGNANT WOMEN. THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) DETERMINES ELIGIBILITY FOR BH PLUS. NORTHWEST HEALTH PLAN AND KFH PROVIDE SERVICES TO ELIGIBLE PARTICIPANTS WHO RESIDE IN CLARK AND COWLITZ COUNTIES.

- MEDI-CAL FEE-FOR-SERVICE - KFH IN NORTHWEST PROVIDED \$5.4 MILLION IN SUBSIDIZED CARE TO 4,976 MEDICAID FEE-FOR-SERVICE PATIENTS.

GRANTS AND DONATIONS FOR CARE AND COVERAGE  
IN 2009, KFH DONATED \$18 MILLION TO MORE THAN 130 NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS IN CALIFORNIA TO HELP LOW-INCOME FAMILIES AND UNINSURED CHILDREN NAVIGATE THE ENROLLMENT AND RECERTIFICATION PROCESSES FOR PUBLIC AND PRIVATE PROGRAMS AND IMPROVE THEIR ABILITY TO ACCESS NEEDED MEDICAL CARE.

COMMUNITY HEALTH INITIATIVES  
AS AN INNOVATOR IN HEALTH, KAISER PERMANENTE DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS, WORKPLACES, AND SCHOOLS TO SUPPORT GOOD HEALTH. OUR COMMUNITY HEALTH INITIATIVES (CHI) STARTED WITH A FOCUS ON NUTRITION AND PHYSICAL ACTIVITY. OUR WORK HAS SINCE EXPANDED TO

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 1 (CONT'D)	

ADDRESS COMMUNITY ECONOMIC DEVELOPMENT, ENVIRONMENTAL SUSTAINABILITY, AND  
NEIGHBORHOOD SAFETY - ADDITIONAL FACTORS THAT ARE KEY TO PROMOTING HEALTH  
COMMUNITIES. IN 2009, KFH EXPENDED APPROXIMATELY \$34 MILLION TO SUPPORT  
CHI WORK.

#### HEALTH EATING ACTIVE LIVING (HEAL) PROGRAMS

THE HEAL PROGRAM COMBATS OBESITY BY PROMOTING PLACE-BASED HEALTHY EATING  
AND ACTIVE LIVING PROGRAMS AND INTERVENTIONS IN THE COMMUNITY. THE  
PROGRAM SUPPORTS COMMUNITY HEALTH INITIATIVES AND COALITIONS THAT BRING  
COMMUNITY-LEVEL MEDICAL, ENVIRONMENTAL, AND SOCIAL CHANGES SUCH AS  
EMPOWERING COMMUNITY RESIDENTS TO EAT HEALTHY FOODS, CHANGING PHYSICAL  
AND SOCIAL ENVIRONMENTS TO PROMOTE PHYSICAL ACTIVITY, AND SUPPORTING  
POLICY CHANGES TO REDUCE RACIAL AND ETHNIC HEALTH DISPARITIES,  
PARTICULARLY THOSE RELATED TO POOR NUTRITION AND INACTIVITY.

IN 2009, THE HEAL INITIATIVE WAS SINGLED OUT AT THE CENTERS FOR DISEASE  
CONTROL AND PREVENTION'S 2009 WEIGHT OF THE NATION CONFERENCE, WHERE IT  
WAS HONORED WITH THE PIONEERING INNOVATION AWARD FOR OUTSTANDING OBESITY  
PREVENTION AND CONTROL.

- HEALTHY EATING IN HARD TIMES - IN 2009, HUNGER IN AMERICA REACHED ITS  
HIGHEST LEVEL IN 14 YEARS AS THE RECESSION DROVE RECORD NUMBERS OF  
FAMILIES TO APPLY FOR FOOD STAMPS AND REQUEST HELP FROM FOOD BANKS AND  
SOUP KITCHENS. KAISER PERMANENTE RESPONDED BY QUADRUPLING THE GRANTS WE  
GIVE TO FOOD BANKS, FOOD PANTRIES, AND SOUP KITCHENS, AND TO

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

ATTACHMENT 1 (CONT'D)

ORGANIZATIONS WORKING TO INCREASE ENROLLMENT IN FOOD STAMPS AND FEDERAL NUTRITION PROGRAMS.

WORKING WITH OUR PARTNERS IN THE HEALTHY EATING ACTIVE LIVING CONVERGENCE PARTNERSHIPS, KAISER PERMANENTE ALSO SUPPORTED THE DEVELOPMENT OF OTHER NATIONAL HEALTHY FOOD FINANCING INITIATIVES. RESEARCH, POLICY DEVELOPMENT, AND ADVOCACY EFFORTS SUPPORTED BY THE CONVERGENCE PARTNERSHIP LED TO THE INTRODUCTION OF NATIONAL HEALTHY FOOD FINANCING LEGISLATION THAT ENJOYS BIPARTISAN SUPPORT AND MORE THEN \$400 MILLION IN PROPOSED FUNDING IN THE 2011 FEDERAL BUDGET PROPOSAL.

#### COMMUNITY HEALTH EDUCATION AND PREVENTION PROGRAMS

KFH IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON PROVIDED A VARIETY OF ACTIVITIES AND PROGRAMS TO ASSIST HEALTH CARE CONSUMERS IN MANAGING THEIR HEALTH AND WELL-BEING. THE HOSPITALS SERVE AS THE PRIMARY SITE FOR THE DISSEMINATION OF HEALTH EDUCATION INFORMATION TO BOTH HEALTH PLAN AND COMMUNITY MEMBERS WHO ACCESS THESE RESOURCES THROUGH THE HEALTH EDUCATION CENTERS. EXPENDITURES IN THIS CATEGORY EXCLUDE PROGRAM COSTS FOR HEALTH EDUCATION PROGRAMS TARGETING OR RESTRICTED TO HEALTH PLAN MEMBERS. OTHER PROGRAMS AND SERVICES ARE OFFERED IN VARIOUS COMMUNITY LOCATIONS.

#### GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES

KFH CONTRIBUTED APPROXIMATELY \$32 MILLION TO NONPROFIT COMMUNITY ORGANIZATIONS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON TO SUPPORT A VARIETY OF COMMUNITY HEALTH INITIATIVES. THE FOLLOWING ARE EXAMPLES OF

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

PROGRAMS AND SERVICES FUNDED IN 2009:

- HEALTHY EATING IN HARD TIMES GRANTS - THESE GRANTS (\$2.1 MILLION) PROVIDED ACCESS TO HEALTHY FOODS SUCH AS FRUITS AND VEGETABLES AT FOOD BANKS AND PANTRIES AND THROUGH FEDERAL NUTRITION PROGRAMS. IN ADDITION TO SUBSIDIZING THE PURCHASE OF HEALTHIER FOOD, KFH SUPPORTED EFFORTS BY EMERGENCY FOOD PROVIDERS TO ADOPT POLICIES FOR DONATED FOOD BASED ON GOOD NUTRITION STANDARDS.
  
- CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY (CCPHA) RECEIVED APPROXIMATELY \$172 THOUSAND FROM KFH IN NORTHERN AND SOUTHERN CALIFORNIA TO RAISE AWARENESS ABOUT THE ROLE SWEETENED BEVERAGES PLAY IN THE OBESITY EPIDEMIC AND BEGIN TO TRANSFORM CALIFORNIA'S "BEVERAGE ENVIRONMENT" BY SUPPORTING THE DEVELOPMENT OF NEW LOCAL POLICIES TO DRIVE DOWN SWEETENED BEVERAGE CONSUMPTION. CCPHA WILL CONDUCT THE CAMPAIGN IN CONJUNCTION WITH INTERESTED ADVOCATES THROUGHOUT THE STATE, INCLUDING THE CALIFORNIA CONVERGENCE, A CONSORTIUM OF 40 COMMUNITIES (INCLUDING KAISER PERMANENTE HEALTHY EATING ACTIVE LIVING COLLABORATIVES) WORKING TO ESTABLISH STATE AND LOCAL POLICIES THAT PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY. THE CAMPAIGN IS BUTTRESSED BY A NEW STUDY AND COMPREHENSIVE LITERATURE REVIEW, COMMISSIONED BY CCPHA AND CONDUCTED BY THE U.C. BERKELEY CENTER FOR WEIGHT AND HEALTH, WHICH FINDS THAT SODAS AND OTHER SWEETENED BEVERAGES PLAY A CENTRAL ROLE IN THE OBESITY EPIDEMIC.
  
- LOAVES AND FISHES CENTER, INC. RECEIVED \$60 THOUSAND FROM KFH IN

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 1 (CONT'D)	

OREGON/WASHINGTON TO INCLUDE MORE FRUITS AND VEGETABLES IN THE DIETS OF

SENIORS IN THEIR SERVICE AREA, MEETING THE US RDA NEEDS OF THE SENIOR

POPULATION THAT DEPENDS ON HOME DELIVERY SERVICES.

SAFETY NET PARTNERSHIPS

THROUGH FUNDING, TECHNICAL ASSISTANCE, PUBLIC POLICY ADVOCACY, TRAINING

AND VOLUNTEERING, DISSEMINATION OF CARE-MANAGEMENT AND QUALITY

IMPROVEMENT TECHNOLOGIES, KAISER PERMANENTE HELPS THESE VITAL HEALTH CARE

PROVIDERS IMPROVE CARE AND EXPAND TREATMENT CAPACITY FOR THE COMMUNITIES

AND VULNERABLE PEOPLE THEY SERVE. IN 2009, KFH CONTRIBUTED \$38 MILLION

TO SUPPORT THESE PROGRAMS.

.

THROUGH CONTRACTUAL ARRANGEMENTS WITH SAFETY NET PARTNERS, SPECIFIC

POPULATIONS OF NONMEMBERS RECEIVED SPECIALTY AND DENTAL CARE IN NORTHWEST

KFH AND HEALTH PLAN FACILITIES. THE FOLLOWING DESCRIBES TWO OF THESE

SPECIAL COMMUNITY PARTNERSHIPS:

- NORTHWEST PERMANENTE PERINATOLOGISTS PROVIDE PRENATAL CARE IN HEALTH PLAN FACILITIES TO HIGH-RISK OBSTETRIC PATIENTS (NONMEMBERS) REFERRED BY VIRGINIA GARCIA MEMORIAL HEALTH CENTER. THIS COMMUNITY COLLABORATION SERVES WOMEN IN WASHINGTON AND YAMHILL COUNTIES.

- THE NORTHWEST DENTAL PROGRAM PROVIDES CHARITABLE DENTAL CARE AND TREATMENT TO UNINSURED RESIDENT IN OREGON AND WASHINGTON. THESE SERVICES ARE PROVIDED IN COLLABORATION WITH UNIVERSITY OF WASHINGTON, COMMUNITY



Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

HEALTH PARTNERS, SALEM-KEISER SCHOOL DISTRICT AND THE COUNTY OF  
MULTNOMAH. APPROXIMATELY 1,500 CHILDREN AND ADULTS WERE SERVED BY THE  
DENTAL PROGRAM IN 2009.

FOR DECADES, KFH AND KFHP IN CALIFORNIA SUPPORTED SAFETY NET PROVIDERS  
THROUGH GRANT FUNDING, STAFF INVOLVEMENT AND IN-KIND CONTRIBUTIONS. AS A  
RESULT OF THIS SUPPORT AND COMMITMENT TO COMMUNITY PROVIDERS, A  
FORMALIZED PARTNERSHIP AGREEMENT WAS SIGNED BY KAISER PERMANENTE LEADERS  
AND REGIONAL AND STATEWIDE COMMUNITY CLINICS ASSOCIATION REPRESENTATIVES  
IN 2003. THE AGREEMENT COVERED MORE THAN 600 NONPROFIT COMMUNITY-BASED  
CLINICS AND HEALTH CENTERS THROUGHOUT THE STATE. THE PARTNERSHIP FOCUSES  
ON IMPROVING THE QUALITY OF HEALTH CARE FOR CALIFORNIA RESIDENTS AND ON  
REDUCING HEALTH DISPARITIES BASED ON RACE, ETHNICITY, AND ECONOMIC  
STATUS.

GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS  
DURING 2009, KFH SPENT \$38 MILLION TO SUPPORT MORE THAN 300 ORGANIZATIONS  
THAT DELIVER MEDICAL AND/OR DENTAL CARE SERVICES TO UNINSURED PEOPLE IN  
COMMUNITY SETTING, PRIMARILY SAFETY NET CLINICS IN CALIFORNIA, OREGON AND  
WASHINGTON. BELOW ARE EXAMPLES OF THE COMMUNITY ORGANIZATIONS SUPPORTED  
BY THESE GRANTS:

- THE VALLEY CARE COMMUNITY CONSORTIUM, PART OF THE SPECIALTY CARE  
INITIATIVE FUNDED BY KFH IN SOUTHERN CALIFORNIA RECEIVED \$900 THOUSAND  
OVER THREE YEARS TO INCREASE ACCESS AND/OR REDUCE DEMAND FOR SPECIALTY

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

CARE FOR THE UNDERSERVED IN THE GREATER LOS ANGELES COUNTY COMMUNITY.

- RIVERSIDE COUNTY REGIONAL MEDICAL CENTER RECEIVED A \$400 THOUSAND GRANT OVER TWO YEARS TO IMPLEMENT AN EVIDENCE-BASED INTERVENTION (DEVELOPED AT KAISER PERMANENTE) THAT PROVIDES A COST EFFECTIVE METHOD OF CARDIOVASCULAR DISEASE PREVENTION IN HIGH-RISK, DIABETIC PATIENTS. THE BUNDLED DRUG THERAPY--ASPIRIN, LIPID LOWERING DRUG (STATIN) AND ACE INHIBITOR (ALL)--HAS BEEN AN EFFECTIVE PROGRAM FOR DECREASING MORTALITY AND CARDIOVASCULAR DISEASE EVENTS IN PATIENTS WITH CORONARY ARTERY DISEASE.

- NATIVE AMERICAN REHABILITATION ASSOCIATION RECEIVED \$50 THOUSAND TO IMPLEMENT AN EVIDENCE-BASED INTERVENTION (DEVELOPED AT KAISER PERMANENTE) THAT PROVIDES A COST EFFECTIVE METHOD OF CARDIOVASCULAR DISEASE PREVENTION IN HIGH-RISK, DIABETIC PATIENTS. THE OBJECTIVE IS IMPLEMENTATION OF THE ALL INITIATIVE PROJECT AT NARA NORTHWEST, WITH THE GOAL OF ALL DIABETIC PATIENTS FORTY YEARS AND OLDER PARTICIPATING IN THE PROGRAM.

- CENTRAL CITY CONCERN (CCC) RECEIVED APPROXIMATELY \$60 THOUSAND TO SUPPORT CCC'S RECUPERATION CARE PROGRAM (RCP) PROVIDES POST-HOSPITALIZATION HEALTHCARE SERVICES FOR LOW-INCOME AND HOMELESS PATIENTS WHO HAVE RECEIVED MEDICAL CARE BUT NEED CONTINUING ATTENTION IN ORDER TO EFFECTIVELY RECOVER.

- OPERATION ACCESS RECEIVED \$300 THOUSAND TO SUPPORT CORE-FUNDING INITIATIVES THAT PROVIDE DONATED SURGERIES, SPECIALTY PROCEDURES AND SCREENINGS TO LOW-INCOME, UNINSURED PATIENTS IN THE SAN FRANCISCO BAY

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

ATTACHMENT 1 (CONT'D)

AREA.

DEVELOPING AND DISSEMINATING KNOWLEDGE

KAISER PERMANENTE AIMS TO IMPROVE HEALTH CARE BY SHARING ITS KNOWLEDGE, EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE FOR CARE AND HEALTH.

KFH SPENT \$199 MILLION TO SUPPORT PROGRAMS AND SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE AND PROVIDED GRANTS AND DONATIONS TO NONPROFIT ORGANIZATIONS.

SINCE 1946, KAISER PERMANENTE RESEARCHERS HAVE MADE THOUSANDS OF MEDICAL DISCOVERIES. IN 2009, INVESTIGATORS AT OUR RESEARCH CENTERS IN CALIFORNIA, OREGON AND WASHINGTON CONDUCTED MORE THAN 2,900 RESEARCH AND EVALUATION STUDIES AND PUBLISHED ALMOST 700 JOURNAL ARTICLES. KAISER PERMANENTE INVESTIGATORS PARTICIPATED IN RESEARCH AND EVALUATION STUDIES, COLLABORATING WITH SEVERAL PROMINENT ACADEMIC RESEARCH INSTITUTIONS, INCLUDING HARVARD UNIVERSITY, OREGON HEALTH & SCIENCES UNIVERSITY, STANFORD UNIVERSITY, UNIVERSITY OF CALIFORNIA (LOS ANGELES, BERKELEY, AND SAN FRANCISCO), UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF WASHINGTON, NATIONAL INSTITUTES OF HEALTH, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

IN CALIFORNIA, KFH HAS THREE RESEARCH DEPARTMENTS: THE DIVISION OF RESEARCH (DOR) IN NORTHERN CALIFORNIA, ESTABLISHED IN 1961; DEPARTMENT OF RESEARCH & EVALUATION (R&E) IN SOUTHERN CALIFORNIA, ESTABLISHED IN THE EARLY 1980S; AND KAISER FOUNDATION RESEARCH INSTITUTE (KFRI). TWO NURSING RESEARCH UNITS FOR KFH IN CALIFORNIA ALSO ENGAGE IN STUDIES ON NURSING PRACTICES, PATIENT CARE, AND PATIENT OUTCOMES TO IMPROVE CLINICAL PRACTICES. THE CENTER FOR HEALTH RESEARCH (CHR) IS THE PRIMARY RESEARCH DEPARTMENT FOR KFH IN OREGON AND WASHINGTON AND THE CENTER FOR HEALTH RESEARCH HAWAII (CHRH) IS A FORMAL SUBDIVISION OF CHR IN THE NORTHWEST.

CHR, CHRH, DOR, KFRI, AND R&E-TOGETHER WITH THE NORTHERN AND SOUTHERN CALIFORNIA NURSING RESEARCH DEPARTMENTS-SPENT APPROXIMATELY \$100 MILLION TO SUPPORT RESEARCH AND EVALUATION STUDIES. THEIR STUDIES APPEARED IN THE NEW ENGLAND JOURNAL OF MEDICINE, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, AMERICAN JOURNAL OF PUBLIC HEALTH, ANNALS OF INTERNAL MEDICINE AND MANY OTHER LEADING GENERAL AND SPECIALIZED JOURNALS. FOLLOWING IS A SAMPLING OF THE EVIDENCE-BASED STUDIES CONDUCTED IN 2009:

- A STUDY PUBLISHED IN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION IN APRIL 2009 FOUND THAT HYPOGLYCEMIC (LOW BLOOD SUGAR) EPISODES ARE ASSOCIATED WITH INCREASED RISK OF DEMENTIA IN ELDERLY PATIENTS WITH TYPE 2 DIABETES. THE STUDY WAS SIGNIFICANT BECAUSE IT WAS THE FIRST TO EXAMINE HYPOGLYCEMIA AND DEMENTIA IN OLDER PATIENTS WITH TYPE 2 DIABETES, AND PROVIDED ADDITIONAL INSIGHT INTO THE DEBATE ABOUT HOW TIGHTLY BLOOD SUGAR SHOULD BE CONTROLLED IN PATIENTS WITH TYPE 2 DIABETES.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

- A STUDY PUBLISHED IN THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE IN MAY 2009 FOUND THAT A BEHAVIORAL INTERVENTION PROGRAM DELIVERED BY EMAIL IS AN EFFECTIVE WAY TO SIGNIFICANTLY IMPROVE DIET AND PHYSICAL ACTIVITY BY HELPING PEOPLE MOVE MORE, SIT LESS AND MAKE HEALTHIER FOOD CHOICES.

- A STUDY PUBLISHED IN DIABETES CARE IN SEPTEMBER 2009 FOUND THAT DIABETES INCREASES BY 26 PERCENT THE LIKELIHOOD THAT WOMEN WILL DEVELOP ATRIAL FIBRILLATION, A POTENTIALLY DANGEROUS IRREGULAR HEART RHYTHM THAT CAN LEAD TO STROKE, HEART FAILURE AND CHRONIC FATIGUE.

- A STUDY IN THE AMERICAN JOURNAL OF PREVENTIVE MEDICINE IN JULY 2009 FOUND THAT A REMINDER PROGRAM AIMED AT SCREENING FOR BREAST CANCER WHEN IT IS MOST TREATABLE BOOSTED MAMMOGRAPHY RATES BY MORE THAN 17 PERCENT.

- A STUDY PUBLISHED IN THE PEDIATRIC INFECTIOUS DISEASES JOURNAL IN DECEMBER 2009 FOUND THAT HERPES ZOSTER, ALSO KNOWN AS SHINGLES, IS VERY RARE AMONG CHILDREN WHO HAVE BEEN VACCINATED AGAINST CHICKEN POX.

IN 2009, IN RESPONSE TO SIGNIFICANT NEW FEDERAL INTEREST AND SUPPORT FOR COMPARATIVE EFFECTIVENESS RESEARCH, KFH ESTABLISHED THE CENTER FOR EFFECTIVENESS AND SAFETY RESEARCH (CESR) TO BETTER COORDINATE AND FOCUS OUR LONG STANDING COMPARATIVE EFFECTIVENESS RESEARCH STUDIES ACROSS THE PROGRAM. THE CENTER WILL ENABLE US TO MORE RAPIDLY ADDRESS HIGH-PRIORITY RESEARCH NEEDS, QUICKLY TRANSLATE FINDINGS INTO PRACTICE, EVALUATE THE

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

IMPACT AND SHARE THE RESULTS WITH THE COMMUNITY AT LARGE. THE ULTIMATE  
GOAL IS TO IMPROVE CLINICAL OUTCOMES, ADVANCE PUBLIC HEALTH, MAXIMIZE  
PATIENT SAFETY, AND ENSURE THAT HEALTH CARE DOLLARS ARE WELL SPENT.

#### HEALTH SCIENCES AND MEDICAL LIBRARIES

KFH SPENT APPROXIMATELY \$4.6 MILLION TO SUPPORT ITS MEDICAL LIBRARIES,  
AND OTHER HEALTH RESOURCE AND INFORMATION DISSEMINATION SERVICES. THESE  
PROGRAMS GIVE MEDICAL STAFF AND THE GREATER PROFESSIONAL COMMUNITY ACCESS  
TO HEALTH-RELATED RESEARCH CONDUCTED WITHIN AND OUTSIDE OF KAISER  
PERMANENTE. MEDICAL LIBRARIES PARTICIPATED IN AN INTER-LOAN SYSTEM WITH  
OTHER COMMUNITY HOSPITALS, SUPPORTED STUDENTS IN TRAINING AND EDUCATION  
PROGRAMS TO CONDUCT LITERATURE SEARCHES, AND CONDUCTED SEARCHES FOR  
COMMUNITY CLINICS AND OTHER COMMUNITY-BASED ORGANIZATIONS ON ADVANCES IN  
MEDICAL TREATMENT, CLINICAL PROTOCOLS AND NEW DEVELOPMENT ON SPECIFIC  
HEALTH ISSUES. DURING 2009, HEALTH SCIENCES AND MEDICAL LIBRARIES IN  
CALIFORNIA, HAWAII, OREGON AND WASHINGTON COMPLETED THOUSANDS OF REQUESTS  
FOR GENERAL KNOWLEDGE AND LITERATURE SEARCHES FOR RESEARCH PURPOSES.

#### TUMOR BOARD AND CANCER REGISTRY

KFH SPENT \$1.3 MILLION TO SUPPORT THE TUMOR BOARD AND CANCER REGISTRY IN  
THE NORTHWEST AND HAWAII REGIONS. BESIDES BEING A STATISTICAL DATABASE  
UTILIZED BY CLINICIANS AND RESEARCHERS WITHIN THE REGIONS, THE REGISTRY  
SUBMITS STATISTICS TO THE NATIONAL CANCER DATA BASE ANNUALLY. THE CANCER  
PROGRAM, WHICH OVERSEES THE REGISTRY, IS SURVEYED FOR ACCREDITATION EVERY  
THREE YEARS BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

## EDUCATIONAL THEATRE PROGRAMS (ETP)

FOR 20 YEARS, EDUCATIONAL THEATRE PROGRAMS HAS USED LIVE THEATRE, MUSIC, COMEDY, AND DRAMA TO INSPIRE CHILDREN, TEENS, AND ADULTS TO MAKE HEALTHIER CHOICES AND BETTER DECISIONS ABOUT THEIR WELL-BEING. THESE EDUCATIONAL PROGRAMS WERE DEVELOPED WITH THE ADVICE OF TEACHERS, PARENTS, STUDENTS, HEALTH EDUCATORS, MEDICAL PROFESSIONALS, AND PROFESSIONAL THEATRE ARTISTS. ALL PERFORMANCES ARE DELIVERED BY PROFESSIONAL ACTORS WHO ARE ALSO TRAINED AS PEER HEALTH EDUCATORS, AND PERFORMED FREE OF CHARGE FOR THE COMMUNITY. ETP ALSO PROVIDES SCHOOLS AND ORGANIZATIONS WITH SUPPLEMENTARY EDUCATIONAL MATERIALS, SUCH AS WORKBOOKS, PARENT AND TEACHER GUIDES, AND STUDENT WALLET CARDS TO REINFORCE THE MESSAGES PRESENTED ON STAGE.

KFH IN CALIFORNIA SPENT \$10.2 MILLION TO PROVIDE MORE THAN 609 THOUSAND CHILDREN AND ADULTS THE OPPORTUNITY TO VIEW ONE OF ETP'S 2,972 PERFORMANCES DURING 2009.

## CONTINUING MEDICAL EDUCATION

KFH SPENT APPROXIMATELY \$5.9 MILLION TO PROVIDE CONTINUING MEDICAL EDUCATION TO COMMUNITY PHYSICIANS AND PROVIDERS, AND PHYSICIANS AFFILIATED WITH THE PERMANENTE MEDICAL GROUPS AND OTHER HEALTH CARE PROVIDERS. A VARIETY OF CONTINUING EDUCATION PROGRAMS WERE OFFERED DURING 2009, ATTRACTING APPROXIMATELY 108 THOUSAND PARTICIPANTS IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON.

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

## GRADUATE MEDICAL EDUCATION

KAISER PERMANENTE'S FIRST KFH GRADUATE MEDICAL EDUCATION (GME) PROGRAM BEGAN NEARLY 60 YEARS AGO IN OAKLAND, CALIFORNIA. TODAY, ALL HOSPITAL-BASED REGIONS PROVIDE TRAINING AND EDUCATION FOR MEDICAL RESIDENTS AND INTERNS. THE NATIONALLY ACCLAIMED PROGRAM ATTRACTS SOME OF THE TOP MEDICAL SCHOOL GRADUATES IN THE UNITED STATES AND SERVES AS A NATIONAL MODEL BY EDUCATING THE NEXT GENERATION OF PHYSICIANS IN AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. RESIDENTS ARE OFFERED THE OPPORTUNITY TO SERVE A LARGE, CULTURALLY DIVERSE PATIENT BASE IN A SETTING WITH SOPHISTICATED TECHNOLOGY AND INFORMATION SYSTEMS, ESTABLISHED CLINICAL GUIDELINES AND AN EMPHASIS ON PREVENTIVE AND PRIMARY CARE.

KFH CONTRIBUTED \$50.5 MILLION TO EDUCATE 606 INDEPENDENT AND 1,624 AFFILIATED INTERNS AND RESIDENTS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON. THE MAJORITY OF MEDICAL RESIDENTS ARE STUDYING WITHIN THE PRIMARY CARE MEDICINE AREAS OF FAMILY PRACTICE, INTERNAL MEDICINE, OB/GYN, PEDIATRICS, PREVENTIVE MEDICINE, AND PSYCHIATRY.

RESIDENTS AND FELLOWS IN OREGON AND WASHINGTON RECEIVED TRAINING IN DERMATOLOGY, ENDOCRINOLOGY, FAMILY PRACTICE, INTERNAL MEDICINE, GERIATRICS, GENETICS, OBSTETRICS & GYNECOLOGY, OTOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, PALLIATIVE MEDICINE, PLASTIC SURGERY, AND RHEUMATOLOGY.



Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

## NURSE PRACTITIONER AND OTHER NON-PHYSICIAN TRAINING PROGRAMS

DURING 2009, KFH SUPPORTED NEARLY 5,695 STUDENTS PURSUING A CAREER IN THE ALLIED HEALTH CARE FIELD AND SPENT \$8.9 MILLION ON TRAINING AND EDUCATION PROGRAMS FOR NURSE PRACTITIONERS, NURSES, RADIOLOGY AND SONOGRAPHY TECHNICIANS, PHYSICAL THERAPISTS, POST-GRADUATE PSYCHOLOGY AND SOCIAL WORK STUDENTS, PHARMACISTS, AND OTHER NON-PHYSICIAN HEALTH PROFESSIONALS.

- IN THE NORTHWEST, KFH AND HEALTH PLAN PROVIDE UNCOMPENSATED ON-SITE CLINICAL TRAINING FOR STUDENTS FROM VARIOUS COMMUNITY INSTITUTIONS THAT ARE PURSUING CAREERS IN THE HEALTH CARE FIELD. THE GRADUATE MEDICAL EDUCATION DEPARTMENT PROVIDES ADMINISTRATIVE SUPPORT FOR THE NURSE PRACTITIONER, PHYSICIAN ASSISTANT, ALLOPATHIC MEDICINE, MIDWIFERY, OPTOMETRY, PODIATRY, NURSE ANESTHETIST AND BEHAVIORAL HEALTH PROGRAMS.

- THE KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES (KPSAHS), LOCATED RICHMOND, CALIFORNIA, WAS ORIGINALLY ESTABLISHED IN 1989 AS A RADIOLOGY PROGRAM IN RESPONSE TO THE SEVERE SHORTAGE OF RADIOLOGY TECHNOLOGISTS. DUE TO THE CONTINUED NATIONAL SHORTAGE OF MEDICAL IMAGING AND THERAPY WORKFORCE, KPSAHS EXPANDED THE SCHOOL TO INCLUDE 18-MONTH PROGRAMS IN SONOGRAPHY, NUCLEAR MEDICINE AND RADIATION THERAPY. IN ADDITION, THE SCHOOL PROVIDES COURSES IN ANATOMY AND PHYSIOLOGY AND ADVANCED/BASIC PHLEBOTOMY.

- THROUGH KAISER PERMANENTE'S PHARMACIST RESIDENCY PROGRAMS IN

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

CALIFORNIA, LICENSED PHARMACISTS GAIN ADDITIONAL EXPERIENCE AND TRAINING

IN THE PROVISION OF PHARMACEUTICAL CARE AND ADMINISTRATIVE PHARMACY SERVICES IN AN INTEGRATED MANAGED CARE ORGANIZATION DURING A ONE- OR TWO-YEAR POSTGRADUATE EDUCATION AND TRAINING PROGRAM. THESE PROGRAMS ENABLE RESIDENTS TO IMPROVE THEIR CLINICAL KNOWLEDGE AND SKILLS WHILE ENHANCING CONTINUITY OF PATIENT CARE IN A WIDE RANGE OF AMBULATORY, INTERMEDIATE AND HOSPITAL SETTINGS.

- THE KAISER PERMANENTE DELORAS JONES NURSING SCHOLARSHIP PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR STUDENTS ENROLLED IN ANY CALIFORNIA NURSING PROGRAM TO ENCOURAGE AND SUPPORT THEM TO BECOME REGISTERED NURSES OR TO PURSUE ADVANCED NURSING DEGREES. SCHOLARSHIPS ARE AWARDED IN THE CATEGORIES OF UNDERREPRESENTED MINORITIES, ACADEMIC EXCELLENCE, NURSING AS A SECOND CAREER AND PURSUIT OF GRADUATE NURSING DEGREE.

GRANTS AND DONATIONS FOR KNOWLEDGE DISSEMINATION  
KFH DONATED APPROXIMATELY \$7.9 MILLION IN CHARITABLE CONTRIBUTIONS TO NONPROFIT ORGANIZATIONS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON FOR THE DISSEMINATION OF EVIDENCE-BASED STUDIES, WHICH INFORMED THE COMMUNITY ABOUT ON HEALTH CARE PUBLIC POLICY AND EDUCATIONAL OPPORTUNITIES FOR INDIVIDUALS SEEKING A CAREER AS A HEALTH CARE PROVIDER OR PROFESSIONAL.

- GROSSMONT-CUYAMACA COMMUNITY COLLEGE RECEIVED A \$75,000 GRANT FOR ITS INTERNATIONAL HEALTH WORKERS ASSISTANCE PROJECT THAT PROVIDES INTERNATIONALLY TRAINED HEALTH CARE WORKERS WITH THE SUPPORT AND SERVICES

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

NEEDED TO COMPLETE THEIR U.S. LICENSURE AND BEGIN WORKING AS HEALTH CARE PROVIDERS IN SAN DIEGO. THE PROGRAM AIMS TO INCREASE SAN DIEGO COUNTY'S HEALTH CARE PROFESSIONAL WORKFORCE IN ORDER TO IMPROVE HEALTH DISPARITIES BY INCREASING THE NUMBER OF LINGUISTICALLY AND CULTURALLY COMPETENT HEALTH CARE PROVIDERS.

- SOUTHEAST LOS ANGELES COUNTY WORKFORCE INVESTMENT BOARD RECEIVED A \$50,000 GRANT FOR THE HEALTHCARE OCCUPATIONS TRAINING (HOT) PROJECT THAT BUILDS UPON PROVEN STRATEGIES TO SERVE LOW-INCOME, UNEMPLOYED JOB SEEKERS BY PROVIDING A CERTIFIED NURSE ASSISTANT (CNA) TRAINING PROGRAM AND A CAREER LADDER PROGRAM TO TRAIN CNAS TO BECOME LICENSED VOCATIONAL NURSES (LVN).

- UCLA CENTER FOR HEALTH POLICY RESEARCH RECEIVED A \$100 THOUSAND TO SUPPORT THE CONTINUED IMPLEMENTATION AND EXPANDED DATA ELEMENTS IN THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS), WHICH HAS BECOME AN ESSENTIAL DATA SOURCE TO SUPPORT HEALTH POLICY MAKING AND FUNDING OF HEALTH PROGRAMS IN CALIFORNIA.

- THE OREGON HEALTH CAREER CENTER RECEIVED \$309 THOUSAND TO PROVIDE SECONDARY EDUCATIONAL SCHOLARSHIPS TO HIGH SCHOOL SENIORS ENTERING A HEALTH CAREER FIELD. THE SCHOOL DISTRICT TEACHERS MADE SCHOLARSHIP RECOMMENDATIONS. THROUGH THIS PROGRAM, 128 HIGH SCHOOL STUDENTS RECEIVED A \$2,000 SCHOLARSHIP TO ATTEND COLLEGE FOR HEALTH CARE CAREERS IN 2010. OHCC PROPOSES AN EXTRA BENEFIT TO AWARDEES AND LINKS THEM TO THEIR

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

COLLEGE THE SUMMER BEFORE THEY TRANSITION.

#### OTHER COMMUNITY BENEFITS

IN 2009, KFH IN CALIFORNIA, HAWAII, OREGON AND WASHINGTON SPENT APPROXIMATELY \$26 MILLION ON OTHER COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS BEYOND THE NATIONAL STREAMS OF WORK.

#### SELF SUFFICIENCY PROGRAMS

KFH PROVIDED COMMUNITY-BASED PROGRAMS AND SERVICES TO LOW-INCOME RESIDENTS AND STUDENTS THROUGH THE LEARNING CENTERS AND YOUTH EMPLOYMENT PROGRAMS. IN 2009, KFH SPENT \$5.4 MILLION TO SUPPORT THE FOLLOWING PROGRAMS.

- LEARNING CENTERS - THROUGH THE WATTS COUNSELING AND LEARNING CENTER (WCLC) AND EDUCATIONAL OUTREACH PROGRAM (EOP), DISADVANTAGED CHILDREN AND THEIR FAMILIES IN SOUTHERN CALIFORNIA ARE PROVIDED A VARIETY OF COUNSELING, EDUCATION, AND SOCIAL SERVICES. WCLC PROVIDES MENTAL HEALTH AND COUNSELING SERVICES, ASSISTANCE TO CHILDREN WITH LEARNING DISABILITIES, AND PRE-EMPLOYMENT TRAINING TO HIGH SCHOOL YOUTH. IT ALSO OPERATES A STATE-LICENSED PRESCHOOL PROGRAM, A SUMMER DAY CAMP, AND "KIDS CAN COPE" SUPPORT GROUPS FOR CHILDREN DEALING WITH SIBLINGS OR PARENTS FIGHTING CANCER. EOP PROVIDES EDUCATION AND SUPPORT SERVICES TO PRIMARILY LATINO YOUTH, AGES 10 TO 14, IN THE SAN GABRIEL VALLEY, EAST OF DOWNTOWN LOS ANGELES. THE FOCUS OF EOP IS TO PROVIDE DROPOUT PREVENTION PROGRAMS IN A COMMUNITY SETTING. CURRENTLY, EOP PROVIDES NINE DIFFERENT PROGRAMS

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

BOTH IN ENGLISH AND SPANISH TO CHILDREN AND PARENTS DURING AFTER-SCHOOL  
HOURS AND ON SATURDAYS.

#### COMMUNITY GIVING CAMPAIGNS

IN 2009, KFH CONTRIBUTED \$434 THOUSAND TO SUPPORT COMMUNITY GIVING CAMPAIGNS, A PROGRAM-WIDE EFFORT THAT HAS A DIRECT IMPACT ON LOCAL COMMUNITIES. WHILE A NUMBER OF FEDERATIONS, INCLUDING AMERICA'S CHARITIES, BLACK UNITED FUND, EARTH SHARE AND UNITED WAY, AND THE MANY CHARITIES THEY REPRESENT, ARE LISTED IN CAMPAIGN MATERIALS, THE CAMPAIGN ALSO SUPPORTS A WRITE-IN OPTION, WHICH ALLOWS PARTICIPANTS TO DONATE TO THE NON-PROFIT 501(C) OF THEIR CHOICE. PARTICIPANTS CAN MAKE A DONATION USING PAYROLL DEDUCTION OR MAKE A ONE-TIME CONTRIBUTION VIA CASH, CHECK, OR CREDIT CARD. KAISER PERMANENTE UNDERWRITES ALL OF THE ASSOCIATED PROCESSING COSTS FOR THE CAMPAIGN, SO 100% OF ALL PLEDGES GO DIRECTLY TO THE ORGANIZATIONS OUR EMPLOYEES AND PHYSICIANS CHOOSE TO SUPPORT.

#### OTHER GRANTS AND DONATIONS

KFH DONATED APPROXIMATELY \$4.7 MILLION TO SUPPORT COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON BEYOND THE NATIONAL STREAMS OF WORK.

#### NAMES OF FOREIGN COUNTRY

PART V, LINE 4B

INDONESIA, IRELAND, ITALY, SOUTH KOREA, POLAND, SWITZERLAND, ISRAEL,  
SOUTH AFRICA, NETHERLANDS, BRAZIL, CHINA, HONG KONG, INDIA, JAPAN,  
JORDAN, MALAYSIA, MEXICO, MOROCCO, NEW ZEALAND, NORWAY, PAKISTAN, PERU,  
PHILLIPINES, PORTUGAL, RUSSIA, SINGAPORE, SWEDEN, THAILAND, TURKEY,

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

ARGENTINA, AUSTRIA, AUSTRALIA, COLOMBIA, CHILE, CZECH REPUBLIC, DENMARK,

EGYPT, FINLAND, ATHENS AND HUNGARY

# REVENUE LESS EXPENSES DISCLOSURE

PAGE 1, PART I, LINE 19

	CURRENT YEAR
REVENUE LESS EXPENSES	\$ 429,455,741
OTTI (NOTE 1)	<275,294,320>
ADJUSTMENT ON GAIN ON PATENT SALE	650,000
BOOK TO TAX ADJ ON SALE OF INVESTMENTS	1,397,152,254
HEALTH CARE MANAGEMENT SOLUTIONS, LLC K-1	<3,890,275>
UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES	\$ 1,548,073,400

NOTE 1: OTHER THAN TEMPORARY IMPAIRMENT OF INVESTMENT RECOGNIZED FOR  
FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

# CHANGES TO ORGANIZATIONAL DOCUMENTS

PART VI, LINE 4

THE FOLLOWING WERE THE ONLY AMENDMENTS TO THE BYLAWS IN 2009:

MARCH 5, 2009

RESOLVED FURTHER, THAT ARTICLE E, SECTION E-8., FINANCE COMMITTEE,  
C.3.A., OF THE BYLAWS OF THE CORPORATION IS AMENDED TO READ AS FOLLOWS

# C. RESPONSIBILITIES AND DUTIES

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
<u>ATTACHMENT 1 (CONT'D)</u>	

## 3. MAJOR TRANSACTIONS

A. CAPITAL PROJECTS AND LAND PURCHASES. REVIEW AND RECOMMEND APPROVAL BY THE BOARD OF ALL LAND PURCHASES REGARDLESS OF COST AND CAPITAL PROJECTS OVER \$25 MILLION (PROJECT SIZE FOR PURPOSES OF TRIGGERING BOARD APPROVAL IS DETERMINED BY TOTAL OF ALL COMPONENTS, SUCH AS LAND, BUILDING, EQUIPMENT, AND, IF ANY, VALUE OF LEASES). NOTWITHSTANDING THE ABOVE, MANAGEMENT IS AUTHORIZED TO APPROVE THE PURCHASE OF LAND FOR A PURCHASE PRICE OF UP TO \$10 MILLION THAT IS (1) LOCATED IN CALIFORNIA, AND (2) ADJACENT TO OR WITHIN  $\frac{1}{4}$  MILE OF AN EXISTING KAISER PERMANENTE FACILITY HOSPITAL CAMPUS.

SEPTEMBER 11, 2009

RESOLVED, THAT SECTION F-4 OF THE BYLAWS OF KAISER FOUNDATION HOSPITALS IS HEREBY DELETED.

ATTACHMENT 2

## 4A PROGRAM SERVICE

PROVIDES HOSPITAL AND MEDICAL CARE, TRAINING AND CHARITY CARE

KAISER FOUNDATION HOSPITALS (KFH) PROVIDES HOSPITAL, MEDICAL AND SURGICAL CARE, INCLUDING EMERGENCY SERVICES, EXTENDED CARE AND HOME HEALTH CARE WITHOUT REGARDS TO AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN OR THE ABILITY TO PAY. KFH EDUCATES AND TRAINS MEDICAL STUDENTS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 2 (CONT'D)

AND PROMOTES SCIENTIFIC RESEARCH AND MEDICAL AND NURSING EDUCATION  
IN ORDER TO IMPROVE CARE FOR OUR MEMBERS AND OUR COMMUNITY. KFH  
DIRECTLY INVESTS IN IMPROVEMENTS IN COMMUNITY HEALTH BY WORKING TO  
INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE  
IMPROVEMENTS, ALTERING THE SOCIAL DETERMINANTS OF HEALTH AND  
EDUCATING TO IMPROVE HEALTH.

KFH PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE PATIENTS  
THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE  
HEALTH COVERAGE (CHC) PROGRAMS. MFA - KFH OFFERS FINANCIAL  
ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS THAT ARE UNABLE TO PAY  
FOR ALL OR PART OF THE COST OF URGENT OR EMERGENT CARE PROVIDED IN  
A KAISER PERMANENTE FACILITY. CHC - THESE PROGRAMS ARE AVAILABLE  
TO LOW INCOME ADULTS AND CHILDREN WHO ARE NOT ELIGIBLE FOR OTHER  
PUBLIC OR PRIVATELY SPONSORED COVERAGE. MORE THAN 102,000  
PATIENTS RECEIVED COMPREHENSIVE CARE FOR UP TO FOUR YEARS THROUGH  
THIS PROGRAM.

ATTACHMENT 34C PROGRAM SERVICE

## MEDICAL RESEARCH PROGRAMS

FOR MORE THAN 40 YEARS, KAISER PERMANENTE RESEARCHERS HAVE  
LEVERAGED MODEST GRANTS FINANCED THROUGH THE FEDERAL GOVERNMENT,



Name of the organization KAISER FOUNDATION HOSPITALS	Employer identification number 94-1105628
---	--

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

KFH'S COMMUNITY BENEFIT PROGRAMS AND OTHER PRIVATE FOUNDATIONS INTO MAJOR DISCOVERIES THAT HAVE SERVED OUR COMMUNITIES, INFLUENCED NATIONAL POLICY, AND INFORMED MEDICAL PRACTICES THROUGHOUT THE NATION AND THE WORLD. MANY OF THE RESEARCH STUDIES ADDRESS CURRENT HEALTH ISSUES AND IMPROVE CARE FOR COMMON CONDITIONS WHERE TREATMENT IS OFTEN LINKED TO COMMUNITY-BASED EFFORTS, AND ARE BROADLY DISSEMINATED THROUGH ARTICLES AND PROFESSIONAL PRESENTATIONS.

KAISER PERMANENTE INVESTIGATORS IN CALIFORNIA, HAWAII, OREGON, AND WASHINGTON PARTICIPATED IN RESEARCH AND EVALUATION STUDIES, PARTNERING WITH SEVERAL PROMINENT ACADEMIC RESEARCH INSTITUTIONS, INCLUDING HARVARD UNIVERSITY, OREGON HEALTH & SCIENCES UNIVERSITY, STANFORD UNIVERSITY, UNIVERSITY OF CALIFORNIA (LOS ANGELES, BERKELEY, AND SAN FRANCISCO), UNIVERSITY OF SOUTHERN CALIFORNIA, UNIVERSITY OF WASHINGTON, NATIONAL INSTITUTES OF HEALTH, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE ATTACHMENT 2	87127172.	190456767	63864318.
TOTALS	<u>87127172.</u>	<u>190456767</u>	<u>63864318.</u>

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 5	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HARBISON, MAHONY & HIGGINS, INC 15 BUSINESS PARK WAY SACRAMENTO, CA 95828	CONSTRUCTION SERVICE	127,554,176.
UCSF MEDICAL CENTER POB 39000 DEPT 3-9157 SAN FRANCISCO, CA 94139	HEALTHCARE SERVICES	107,355,507.
PROVIDENCE ST VINCENT HOSP & MED CENTER 9205 SW BARNES RD PORTLAND, OR 97225	HEALTHCARE SERVICES	67,378,487.
WHITING TURNER CONTRACTING CO 3 CORPORATE PARK IRVINE, CA 92606	CONSTRUCTION SERVICE	127,459,577.
MCCARTHY BUILDING COMPANIES, INC 9301 B IMPERIAL HIGHWAY DOWNEY, CA 90242	CONSTRUCTION SERVICE	75,221,907.
TOTAL COMPENSATION		<u>504,969,654.</u>

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDEND INCOME	192,186,286.			192,186,286.
TOTALS	<u>192,186,286.</u>			<u>192,186,286.</u>

ATTACHMENT 7FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: KAISER FOUNDATION HEALTH PLAN OF GEORGIA  
 ORIGINAL AMOUNT: 8,000,000.  
 INTEREST RATE: 7.650000  
 DATE OF NOTE: 09/01/2007  
 REPAYMENT TERMS: UPON APPROVAL OF GEORGIA COMMISSIONER OF INSURANCE  
 SECURITY PROVIDED:

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

ATTACHMENT 7 (CONT'D)

PURPOSE OF LOAN: NONE  
TO PROVIDE CAPITAL FOR GENERAL CORPORATE PURPOSES

BEGINNING BALANCE DUE ..... 8,782,000.  
ENDING BALANCE DUE ..... 9,402,500.

BORROWER: KAISER FOUNDATION HEALTH PLAN OF OHIO  
ORIGINAL AMOUNT: 15,000,000.  
INTEREST RATE: 8.500000  
DATE OF NOTE: 12/21/2009  
MATURITY DATE: 12/28/2016  
REPAYMENT TERMS: UPON APPROVAL OF OHIO SUPERINTENDENT OF INSURANCE  
SECURITY PROVIDED: NONE  
PURPOSE OF LOAN: TO PROVIDE CAPITAL FOR GENERAL CORPORATE PURPOSES

BEGINNING BALANCE DUE ..... 0.  
ENDING BALANCE DUE ..... 15,038,425.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE ..... 8,782,000.

TOTAL ENDING NOTES AND LOANS RECEIVABLES ..... 24,440,925.

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN STOCK	4,978,951,920.	3,584,589,110.	FMV
SECURITIES	1,571,858,353.	0.	FMV
SECURITIES LENDING COLLATERAL	476,003,400.	421,243,392.	FMV
INVESTMENT IN BONDS	0.	604,493,842.	FMV
OTHER DEBT INSTRUMENTS	0.	3,405,050,281.	FMV
TOTALS	<u>7,026,813,673.</u>	<u>8,015,376,625.</u>	

Name of the organization	Employer identification number
KAISER FOUNDATION HOSPITALS	94-1105628
ATTACHMENT 9	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: LOKAHI ASSURANCE, LTD.

DATE OF NOTE: VAR

MATURITY DATE: VAR

REPAYMENT TERMS: PAYABLE ON DEMAND

SECURITY PROVIDED: UNSECURED

PURPOSE OF LOAN: VARIOUS

BEGINNING BALANCE DUE .....	868,693,014.
ENDING BALANCE DUE .....	<u>813,133,419.</u>

LENDER: OTHER

BEGINNING BALANCE DUE .....	77,435.
ENDING BALANCE DUE .....	<u>68,999.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>868,770,449.</u>
---	---------------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>813,202,418.</u>
--	---------------------

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KP ONCALL, LLC 91-2166347 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CALL CENTER	CA	31,504,901.	10,196,147.	N/A
KAISER PERMANENTE VENTURES, LLC 27-2252521 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	INVESTMENTS	CA	-800.	3,499,633.	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
KAISER FDN HEALTH PLAN OF COLORADO 84-0591617 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	CO	501 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF GEORGIA, INC 58-1592076 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	GA	501 (C) (3)	9	N/A
KFHP OF THE MID-ATLANTIC STATES, INC 52-0954463 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	MD	501 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF THE NORTHWEST 93-0798039 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	OR	501 (C) (3)	9	N/A
KAISER FDN HEALTH PLAN OF OHIO 34-0922268 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	OH	501 (C) (3)	9	N/A
KAISER FOUNDATION HEALTH PLAN, INC 94-1340523 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	HEALTH CARE	CA	501 (C) (3)	9	N/A
CAMP BOWIE SERVICE CENTER 94-3299123 ONE KAISER PLAZA, 15L OAKLAND, CA 94612	ADMIN	CA	501 (C) (3)	11	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

**Part III****Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HCMS, LLC 20-3924985 ONE KAISER PLAZA, SUITE 15L	CASE MANAGEMENT	CA	N/A	RELATED	-3,890,275.	8,433,404.		X	-3,909,594.		X

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ARCHIMEDES, INC 20-3774729 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	-4,878,841.	6,185,452.	100.0000
KAISER PERMANENTE INTERNATIONAL 94-3245176 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	417,114.	595,955.	100.0000
KAISER PERMANENTE INSURANCE COMPANY 94-3203402 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	CA	N/A	C CORP	0.	0.	0.0000
KAISER PROPERTIES SERVICES, INC 94-3259432 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	REAL ESTATE	CA	N/A	C CORP	0.	0.	0.0000
OAK TREE ASSURANCE, LTD 03-0329760 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	VT	N/A	C CORP	0.	0.	0.0000

Schedule R (Form 990) 2009

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)	X	
<b>e</b> Loans or loan guarantees by other organization(s)	X	
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)	X	
<b>h</b> Exchange of assets	X	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses	X	
<b>p</b> Reimbursement paid by other organization for expenses	X	
<b>q</b> Other transfer of cash or property to other organization(s)	X	
<b>r</b> Other transfer of cash or property from other organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) KAISER FOUNDATION HEALTH PLAN INC	A	18,766,319.
(2) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	A	620,500.
(3) KAISER FOUNDATION HEALTH PLAN OF OHIO	A	38,425.
(4) LOKAHI ASSURANCE LTD	A	23,562,491.
(5) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	B	64,026.
(6) KAISER FOUNDATION HEALTH PLAN OF THE MAS	B	9,452.

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of filing organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

**Part I Continuation of Identification of Disregarded Entities**

[illegible]

Schedule R-1 (Form 990) 2009





## Part IV

[illegible]

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) CAMP BOWIE SERVICE CENTER	B	9,060,000.
(8) KAISER HOSPITAL ASSET MANAGEMENT	B	90,000,000.
(9) KAISER FOUNDATION HEALTH PLAN OF THE MAS	C	85,412.
(10) KAISER FOUNDATION HEALTH PLAN OF THE NW	D	1,279,243,090.
(11) KAISER FOUNDATION HEALTH PLAN OF OHIO	D	15,000,000.
(12) LOKAHI ASSURANCE LTD	D	66,800,000.
(13) KAISER FOUNDATION HEALTH PLAN INC	E	9,954,466.
(14) KAISER FOUNDATION HEALTH PLAN OF COLORADO	E	518,108,894.
(15) KAISER FOUNDATION HEALTH PLAN OF THE NW	E	2,114,467,009.
(16) KAISER FOUNDATION HEALTH PLAN INC	G	1,481,285.
(17) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	G	441,435.
(18) KAISER HOSPITAL ASSET MANAGEMENT	G	9,381,292.
(19) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	H	467,476.
(20) KAISER FOUNDATION HEALTH PLAN OF THE NW	H	9,054,375.
(21) KAISER FOUNDATION HEALTH PLAN INC	J	2,545,669.
(22) KAISER HOSPITAL ASSET MANAGEMENT	J	175,454,854.
(23) KAISER FOUNDATION HEALTH PLAN INC	K	13,743,441,844.
(24) KAISER FOUNDATION HEALTH PLAN OF COLORADO	K	434,794,095.

Schedule R-1 (Form 990) 2009

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	K	261,696,124.
(8) KAISER FOUNDATION HEALTH PLAN OF THE MAS	K	956,667,615.
(9) KAISER FOUNDATION HEALTH PLAN OF THE NW	K	771,564,035.
(10) KAISER FOUNDATION HEALTH PLAN OF OHIO	K	44,504,900.
(11) LOKAHI ASSURANCE LTD	K	3,460,912.
(12) KAISER FOUNDATION HEALTH PLAN INC	L	3,774,083,523.
(13) KAISER FOUNDATION HEALTH PLAN OF COLORADO	L	286,855,388.
(14) KAISER FOUNDATION HEALTH PLAN OF THE MAS	L	12,235,296.
(15) KAISER FOUNDATION HEALTH PLAN OF THE NW	L	4,806,882.
(16) LOKAHI ASSURANCE LTD	L	7,260,400.
(17) KAISER FOUNDATION HEALTH PLAN INC	M	29,332,011,137.
(18) KAISER HEALTH PLAN ASSET MANAGEMENT	M	478,151.
(19) KAISER FOUNDATION HEALTH PLAN INC	N	618,880,690.
(20) KAISER FOUNDATION HEALTH PLAN INC	O	12,343,159,551.
(21) KAISER FOUNDATION HEALTH PLAN OF COLORADO	O	3,386,221.
(22) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	O	72,142,671.
(23) KAISER FOUNDATION HEALTH PLAN OF THE MAS	O	737,098,539.
(24) KAISER FOUNDATION HEALTH PLAN OF THE NW	O	503,209,982.

Schedule R-1 (Form 990) 2009

**Part V Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FOUNDATION HEALTH PLAN OF OHIO	O	371,059,099.
(8) CAMP BOWIE SERVICE CENTER	O	3,041,119.
(9) KAISER HEALTH PLAN ASSET MANAGEMENT	O	16,697.
(10) KAISER HOSPITAL ASSET MANAGEMENT	O	3,087,759.
(11) ARCHIMEDES, INC	O	4,167.
(12) HEALTH CARE MANAGEMENT SOLUTIONS, LLC	O	3,703.
(13) KAISER PERMANENTE INSURANCE COMPANY	O	2,738,666.
(14) KAISER FOUNDATION HEALTH PLAN INC	P	3,248,644,586.
(15) KAISER FOUNDATION HEALTH PLAN OF COLORADO	P	1,611,621.
(16) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	P	79,808,823.
(17) KAISER FOUNDATION HEALTH PLAN OF THE MAS	P	26,793,282.
(18) KAISER FOUNDATION HEALTH PLAN OF THE NW	P	491,330,670.
(19) KAISER FOUNDATION HEALTH PLAN OF OHIO	P	340,540,743.
(20) CAMP BOWIE SERVICE CENTER	P	3,240,664.
(21) KAISER HEALTH PLAN ASSET MANAGEMENT	P	22,705.
(22) KAISER HOSPITAL ASSET MANAGEMENT	P	773,158.
(23) OAK TREE ASSURANCE LTD	P	1,359,720.
(24) ARCHIMEDES, INC	P	55,648.

Schedule R-1 (Form 990) 2009

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) HEALTH CARE MANAGEMENT SOLUTIONS, LLC	P	679,061.
(8) KAISER PERMANENTE INTERNATIONAL	P	279,891.
(9) KAISER PERMANENTE INSURANCE COMPANY	P	1,973,308.
(10) LOKAHI ASSURANCE LTD	P	14,412,181.
(11) KAISER FOUNDATION HEALTH PLAN INC	Q	12,314,456,818.
(12) KAISER FOUNDATION HEALTH PLAN OF THE NW	Q	414,890,748.
(13) CAMP BOWIE SERVICE CENTER	Q	2,290,242.
(14) LOKAHI ASSURANCE LTD	Q	170,000.
(15) KAISER FOUNDATION HEALTH PLAN INC	R	28,268,861,108.
(16) KAISER FOUNDATION HEALTH PLAN OF GEORGIA	R	196,081,170.
(17) KAISER FOUNDATION HEALTH PLAN OF THE NW	R	473,511,279.
(18) KAISER FOUNDATION HEALTH PLAN OF OHIO	R	18,680,054.
(19) LOKAHI ASSURANCE LTD	R	3,939,813.
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009



[illegible]

JSA